

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **May 16th through 30th**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

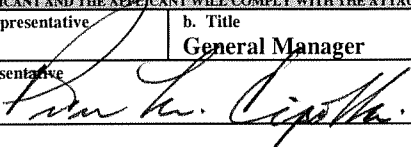
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 19, 2001	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 29 MAY 2003	Federal Identifier
<b>5. APPLICANT INFORMATION</b> Legal Name: <u>California Pines Comm. Svcs. Dist</u> Address (give city, county, State, and zip code): <u>Alturas, California 96101</u> Modoc County			
		Organizational Unit:	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]		Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Vera L. Sphar</u> <u>530-233-6695</u>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>          MAY 30 2003          STATE CLEARING HOUSE       </div> A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>Water &amp; Waste Disposal Local + Grant Program</u> TITLE:		<b>9. NAME OF FEDERAL AGENCY:</b>	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <u>Cal Pines Subdivision</u> <u>Alturas, Modoc Co., California</u>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <u>Expand water distribution to Unit 3</u> <u>Extend sewer service in Unit 4</u>	
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date <u>2003</u>	Ending Date <u>2004/05</u>	a. Applicant <u>4</u>	b. Project <u>4</u>
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ <u>230,000</u> .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ <u>230,000</u> 00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative <u>VERA L. Sphar</u>		b. Title <u>Project Coord./Admin Asst</u>	
d. Signature of Authorized Representative <u>Vera L. Sphar</u>		c. Telephone Number <u>530-233-6695</u>	
		e. Date Signed <u>5-29-03</u>	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5-28-03	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Garcia Properties - Ladera Heights, LLC		Organizational Unit:	
Address (give city, county, State, and zip code): Rex Nathan, Nathan & Associates C/O LA Express Travel, 5400 W. Century Blvd., #360, Los Angeles, Calif 90045		Name and telephone number of person to be contacted on matters involving this application (give area code) Georgia Miller (562) 9161421	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">M</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify) _____</div> </div>	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> Department of Housing & Urban Development	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Section 221d4 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 4 - 1 3 5</div> TITLE: Mortgage Ins. Rental Hgs - Moderate Income Families		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Apartment comple - 35 2-bedroom 2-bath 3 story townhouses, on site parking spaces, lobby area, patio, exercise and laundryrooms. Project to be located at 4615 W. Slauson Avenue, Los Angeles County, Calif.	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Los Angeles City, Los Angeles County, California			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 1/3/04	Ending Date 1/4/05	a. Applicant 33	b. Project 33
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 3,860,300 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE 5-28-03  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 1,066,062 <sup>00</sup>		
c. State	\$ <sup>00</sup>		
d. Local	\$ <sup>00</sup>		
e. Other	\$ <sup>00</sup>		
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 4,926,362 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Rex Nathan		b. Title Manager	c. Telephone Number 310 385 4425
d. Signature of Authorized Representative 		e. Date Signed 5-28-03	

# APPLICATION FOR FEDERAL ASSISTANCE

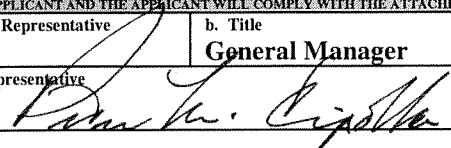
1. TYPE OF SUBMISSION Application Construction XX Non-construction		Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED <b>5/1/03</b>	Applicant Identifier <b>CA-03-0512-02</b>
Legal Name: <b>Santa Clara Valley Transportation Authority (SCVTA)</b>			3. DATE RECEIVED	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <b>CA-03-0512-02</b>
5. APPLICANT INFORMATION			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAY 30 2003 </div>	
Address(give city, county, state, and zip code): <b>3331 North First Street, Bldg. B San Jose, CA 95134</b>			Name and telephone number of the person to be contacted on matters involving this application (give area code) <b>Maria Marino, Senior Transportation Planner 408-321-5773</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  <b>94-2186907</b>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>G</b> A. State                      H. Independent School Dist. B. County                  I. State Controlled Institution of Higher Learning C. Municipal              J. Private University D. Township              K. Indian Tribe E. Interstate              L. Individual F. Intermunicipal        M. Profit Organization G. Special District       N. Other (Specify) _____	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es):      A, C A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration      Other (specify) _____			9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration, Region IX, San Francisco, CA</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  <b>20-500</b> TITLE: Federal Transit: Capital Grant (Section 5309 Bus/Bus Facility Program)			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT  <b>SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2002 FTA SECTION 5309 BUS/BUS FACILITY GRANT FOR PURCHASE OF ZERO EMISSIONS BUSES (CA-03-0512-02)</b>	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) <b>Santa Clara County</b>				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date <b>7/15/2001</b>	Ending Date <b>12/30/2005</b>	a. Applicant <b>13, 14, 15, 16</b>		b. Project <b>13, 14, 15, 16</b>
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	<b>\$2,837,913</b>	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/15/03		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	<b>\$ 709,478</b>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes    If "Yes," attach an explanation <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	<b>\$ 3,547,391</b>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
A. Typed Name of Authorized Representative <b>Peter M. Cipolla</b>		b. Title <b>General Manager</b>		c. Telephone Number <b>408-321-5559</b>
d. Signature of Authorized Representative 				e. Date Signed <b>5/2/03</b>

Previous Editions Not Usable

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application Construction XX Non-construction		Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 5/1/03	Applicant Identifier CA-37-X002-03
Legal Name: Santa Clara Valley Transportation Authority (SCVTA)			3. DATE RECEIVED	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-37-X002-03
Organizational Unit:				
5. APPLICANT INFORMATION				
Address (give city, county, state, and zip code): 3331 North First Street, Bldg. B San Jose, CA 95134			Name and telephone number of the person to be contacted on matters involving this application (give area code) Maria Marinos, Senior Transportation Planner 408-321-5773	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2186907			7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input type="checkbox"/> XX Revision <input type="checkbox"/> If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____			9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-516 TITLE: JOB ACCESS REVERSE COMMUTE			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2001-02 FTA SECTION 3037 JOB ACCESS & REVERSE COMMUTE PROGRAM (CA-37-X002-03)	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Santa Clara County				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date 7/1/03	Ending Date 7/1/04	a. Applicant 13, 14, 15, 16		b. Project 13, 14, 15, 16
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$492,000	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/15/2003		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 492,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation X No		
f. Program Income	\$			
g. TOTAL	\$ 984,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
A. Typed Name of Authorized Representative Peter M. Cipolla		b. Title General Manager		c. Telephone Number 408-321-5559
d. Signature of Authorized Representative 				e. Date Signed 5/2/03

Previous Editions Not Usable

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application Construction XX Non-construction		Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 5/1/03	Applicant Identifier CA-03-0639
			3. DATE RECEIVED	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-03-0639
Legal Name: Santa Clara Valley Transportation Authority (SCVTA)			Organizational Unit:	
5. APPLICANT INFORMATION				
Address(give city, county, state, and zip code): 3331 North First Street, Bldg. B San Jose, CA 95134			Name and telephone number of the person to be contacted on matters involving this application (give area code) Maria Marinis, Senior Transportation Planner 408-321-5773	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2186907			7. TYPE OF APPLICANT: (enter appropriate letter in box) G	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A, C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
			9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500 TITLE: Federal Transit: Capital Grant (Section 5309 New Starts Program)			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2003 FTA SECTION 5309 NEW STARTS GRANT CA-03-0639 FOR: 1. SILICON VALLEY RAPID TRANSIT CORRIDOR (ENV/PRELIMINARY ENGINEERING) 2. HOLLISTER/GILROY CALTRAIN EXTENSION PROJECT (ENV/PRELIMINARY ENGINEERING)	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Santa Clara County				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date 6/1/2003	Ending Date 4/30/2006	a. Applicant 13, 14, 15, 16		b. Project 13, 14, 15, 16
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$1,236,564	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/15/03		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 309,141	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 1,545,705			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
A. Typed Name of Authorized Representative Peter M. Cipolla		b. Title General Manager		c. Telephone Number 408-321-5559
d. Signature of Authorized Representative <i>Peter M. Cipolla</i>				e. Date Signed 5/2/03

Previous Editions Not Usable

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application Construction XX Non-construction		2. DATE SUBMITTED 5/1/03	Applicant Identifier CA-03-0635
Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED	State Application Identifier
Legal Name: Santa Clara Valley Transportation Authority (SCVTA)		4. DATE RECEIVED BY FEDERAL AGENCY <b>RECEIVED</b> MAY 30 2003	Federal Identifier CA-03-0635
5. APPLICANT INFORMATION			
Address(give city, county, state, and zip code): 3331 North First Street, Bldg. B San Jose, CA 95134		Name and telephone number of the person to be contacted on matters involving this application (give area code) Maria Marinos, Senior Transportation Planner 408-321-5773	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  94-2186907		7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A, C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  20-500 TITLE: Federal Transit: Capital Grant (Section 5309 Bus/Bus Facility Program)		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2003 FTA SECTION 5309 BUS/BUS FACILITY GRANT FOR PALO ALTO INTERMODAL TRANSIT CENTER (CA-03-0628)	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Santa Clara County			
13. PROPOSED PROJECT			
Start Date 9/1/2003	Ending Date 6/30/2005	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 13, 14, 15, 16 b. Project 13, 14, 15, 16	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$248,000	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/15/03	
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 62,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation X No	
f. Program Income	\$		
g. TOTAL	\$ 310,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
A. Typed Name of Authorized Representative Peter M. Cipolla		b. Title General Manager	
c. Telephone Number 408-321-5559		e. Date Signed 5/2/03	
d. Signature of Authorized Representative <i>Peter M. Cipolla</i>			

Previous Editions Not Usable

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION - Application Construction XX Non-construction		2. DATE SUBMITTED 5/1/03	Applicant Identifier CA-03-0627
Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-03-0627
Legal Name: Santa Clara Valley Transportation Authority (SCVTA)		Organizational Unit:	
5. APPLICANT INFORMATION			
Address(give city, county, state, and zip code): 3331 North First Street, Bldg. B San Jose, CA 95134		Name and telephone number of the person to be contacted on matters involving this application (give area code) Maria Marinos Senior Transportation Planner 408-321-5773	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  94-2186907		7. TYPE OF APPLICANT: (enter appropriate letter in box) G A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A, C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Transit Administration, Region IX, San Francisco, CA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  20-500 TITLE: Federal Transit: Capital Grant (Section 5309 Fixed Guideway Program)		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2003 FTA SECTION 5309 FIXED GUIDEWAY FUNDS FOR VASONA LIGHT RAIL TRANSIT CORRIDOR (CA-03-0627)	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Santa Clara County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 5/1/2001	Ending Date 6/30/2005	a. Applicant 13, 14, 15, 16	b. Project 13, 14, 15, 16
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$7,241,179	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/15/03	
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 1,810,295		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 9,051,474		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
A. Typed Name of Authorized Representative Peter M. Cipolla		b. Title General Manager	
d. Signature of Authorized Representative		c. Telephone Number 408-321-5559	
		e. Date Signed 5/2/03	

Previous Editions Not Usable

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION



Figure 1: SF-424

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2/12/03	n/a
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		n/a	n/a
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			n/a
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
South Los Angeles Economic Alliance		nonprofit	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
8929 S. Sepulveda Blvd., Suite 414 Los Angeles, CA 90045		Bill Raphiel (310) 670-6406	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
95-4647077		<input checked="" type="checkbox"/> N A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>non-profit</u>	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
Title IX TITLE: Economic Adjustment 11-302		Technical assistance resource team to assist municipalities and non-profit groups who seek EDA funding for project development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
City and South East portions of Los Angeles County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
7/03		36	32, 35, and 36
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 45,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE to be submitted 4/18/03	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 45,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 90,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	
Bill Raphiel		Chief Operating Officer	
c. Telephone Number		310/670-6406	
d. Signature of Authorized Representative		e. Date Signed	
<i>Bill Raphiel</i>		3/6/03	

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 05/21/2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

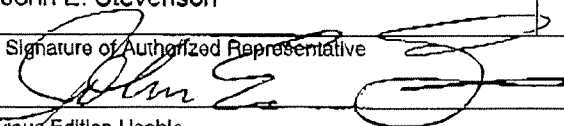
<b>5. APPLICANT INFORMATION</b>																						
Legal Name: Local Indians For Education, Inc.	Organizational Unit:																					
Address (give city, county, state, and zip code): 4440 Shasta Dam Blvd. Shasta Lake City, CA 96019	Name and telephone number of the person to be contacted on matters involving this application (give area code) Irma Amaro-Davis (530) 275-1513																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 2 3 7 6 5 3 8         </div>	<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <span style="border: 1px solid black; padding: 0 5px;">N</span>																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration      Other (specify):	A. State      H. Independent School Dist. B. County      I. State Controlled Institution of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (Specify): Non-Profit																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           S P -          </div> TITLE: SP-03-005, Minority SAP and HIV Prevention Services	<b>9. NAME OF FEDERAL AGENCY:</b>  <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Making Connections																					
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.): Shasta, Siskiyou, Butte, Colusa, Lake, and Mendocino Counties in Northern California.	<div style="border: 1px solid black; padding: 5px; text-align: center;">           RECEIVED            MAY 29 2003            STATE CLEARING HOUSE         </div>																					
<b>13. PROPOSED PROJECT:</b> <table style="width:100%;"> <tr> <td style="width:50%;">Start Date</td> <td style="width:50%;">Ending Date</td> </tr> </table>	Start Date	Ending Date	<b>14. CONGRESSIONAL DISTRICTS OF:</b> <table style="width:100%;"> <tr> <td style="width:50%;">a. Applicant</td> <td style="width:50%;">b. Project</td> </tr> <tr> <td>Wally Herger, 2nd District (CA)</td> <td>Wally Herger, 2nd District (CA)</td> </tr> </table>	a. Applicant	b. Project	Wally Herger, 2nd District (CA)	Wally Herger, 2nd District (CA)															
Start Date	Ending Date																					
a. Applicant	b. Project																					
Wally Herger, 2nd District (CA)	Wally Herger, 2nd District (CA)																					
<b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%;">350,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>350,000.00</td> </tr> </table>	a. Federal	\$	350,000.00	b. Applicant	\$	.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	350,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
a. Federal	\$	350,000.00																				
b. Applicant	\$	.00																				
c. State	\$	.00																				
d. Local	\$	.00																				
e. Other	\$	.00																				
f. Program Income	\$	.00																				
g. TOTAL	\$	350,000.00																				
<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES      If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																						
<b>a. Typed Name of Authorized Representative</b> Irma Amaro-Davis	<b>b. Title</b> Director	<b>c. Telephone number</b> (530) 275-1513																				
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 5-21-03																				

# APPLICATION FOR FEDERAL ASSISTANCE

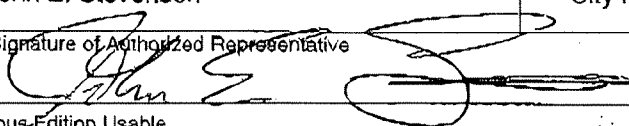
OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 28, 2003		<b>Applicant Identifier</b> 03-119	
<b>Preapplication</b> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>					
<b>Legal Name:</b> Chemical Strategies Partnership			<b>Organizational Unit:</b>		
<b>Address (give city, county, State, and zip code):</b> 423 Washington Street, 4th Floor San Francisco, CA 94111			<b>Name and telephone number of person to be contacted on matters involving this application (give area code):</b> Jill Kauffman Johnson, (415) 421-3405 x13		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 91-2166435			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> [N]		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Nonprofit Organization		
			<b>9. NAME OF FEDERAL AGENCY:</b> Region 9 Office of Pollution Prevention and Solid Waste		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-809 TITLE: Solid Waste Management Assistance			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Testing Chemical Management in Schools Project		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California					
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>			
Start Date 4/3/03	Ending Date 6/4/04	a. Applicant District 8		b. Project State of California	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal	\$ 45,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/28/03			
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ .00				
d. Local	\$ .00				
e. Other	\$ .00				
f. Program Income	\$ .00				
g. TOTAL	\$ 45,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative Jill Kauffman Johnson		b. Title Executive Director		c. Telephone Number (415) 421-3405	
d. Signature of Authorized Representative				e. Date Signed	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

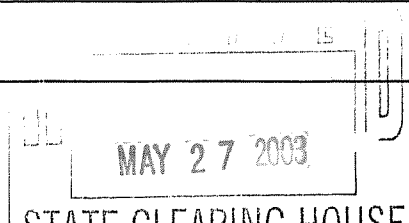
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 5, 2003	Applicant Identifier
<b>5. APPLICANT INFORMATION</b> Legal Name: City of Brentwood		<b>3. DATE RECEIVED BY STATE</b>	State Application Number
Address (give city, county, State, and zip code): 708 Third Street Brentwood, CA 94513		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> June 6, 2003	Federal Identifier
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94--6000303		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Justice	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 16-710 TITLE: Public Safety and Community Policing Grants		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> COPS Universal Hiring Program 2003	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): City of Brentwood		<b>14. CONGRESSIONAL DISTRICTS OF:</b> 10	
<b>13. PROPOSED PROJECT</b> COPS Universal Hiring Program 2003.		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 5, 2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>15. ESTIMATED FUNDING:</b> \$88,735 (first year - per officer)		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal \$ 30,000			
b. Applicant \$ 58,735			
c. State \$			
d. Local \$			
e. Other \$			
f. Program Income \$			
g. TOTAL \$ 88,735			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. type Name of Authorized Representative John E. Stevenson		b. Title City Manager	c. Telephone Number (925) 516-5440
d. Signature of Authorized Representative 		e. Date Signed 5/28/03	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 5, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Number
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> June 8, 2003	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: City of Brentwood		Organizational Unit: Police Department	
Address (give city, county, State, and zip code): 708 Third Street Brentwood, CA 94513		Name and Telephone number of person to be contacted on matters involving this application (give area code) Chief Michael R. Davies (925) 634-6911	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 -- 6 0 0 0 3 0 3		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <span style="float:right; border: 1px solid black; padding: 2px;">C</span> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award D. Decrease Duration B. Decrease Award Other (specify): _____ C. Increase Duration		<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Justice	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 6 . 7 1 0 TITLE: Public Safety and Community Policing Grants		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> COPS in Schools 2003	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): City of Brentwood			
<b>13. PROPOSED PROJECT</b> COPS in Schools 2003		<b>14. CONGRESSIONAL DISTRICTS OF:</b> 10	
<b>Start Date</b> FY 03/04	<b>Ending Date</b> FY 07/08	a. Applicant City of Brentwood Police Department	
<b>15. ESTIMATED FUNDING:</b> \$88,735 (first year)		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal \$ 55,000		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>June 5, 2003</u>	
b. Applicant \$ 33,735		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local \$			
e. Other \$			
f. Program Income \$		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
g. TOTAL \$ 88,735		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. type Name of Authorized Representative John E. Stevenson		b. Title City Manager	c. Telephone Number (925) 516-5440
d. Signature of Authorized Representative 		e. Date Signed 5/28/03	

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES		Organizational Unit: DEPARTMENT OF HEALTH SERVICES		
Address (give city, county, state, and zip code): 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320		Name and telephone number of the person to be contacted on matters involving this application (give area code) ROBIN R HOOK ( 916)-323-0871		
6. EMPLOYER IDENTIFICATION (EIN):  <u>68-0317191</u>		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal          M. Profit Organization G. Special District        N. Other (Specify):		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award        B. Decrease Award C. Increase Duration      D. Decrease Duration Other Specify:		9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.468</u> TITLE: CAPITALIZATION GRANTS FOR DRINKING WATER STATE REVOLVING FUND		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  CALIFORNIA - STATEWIDE				
13. PROPOSED PROJECT: Start Date      End Date 01-01-03      9-30-09		14. CONGRESSIONAL DISTRICT OF a. Applicant: 1                      b. Project ALL		
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES		
a. Federal	\$ 82,460,900	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:		
b. Applicant	\$	DATE <u>December 31, 2002</u>		
c. State	\$16,492,180	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR		
e. Other	\$2,000,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> YES    If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO		
g. TOTAL	\$ 100,953,080			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED				
a. Typed Name of Authorized Representative.  David Souleles		b. Title: Chief Deputy Director		c. Telephone Number 916-653-9306
d. Signature of Authorized Representative				e. Date Signed



APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 28, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: MINERAL COUNTY WATER DISTRICT Address (give city, county, State, and zip code): P.O. BOX 206 MINERAL, TEHAMA COUNTY, CA 96063		Organizational Unit: SPECIAL DISTRICT Name and telephone number of person to be contacted on matters involving this application (give area code): Shirley Wheeler (530) 595-4418	
--	--	--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 62-1856412		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Township <input type="checkbox"/> Interstate <input type="checkbox"/> Intermunicipal <input type="checkbox"/> Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
--	--	--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		RECEIVED MAY 27 2003 STATE CLEARING HOUSE	
--	--	---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-763		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RECAPTURE OF WATER CAPACITY	
--	--	--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MINERAL, TEHAMA COUNTY, CA		9. NAME OF FEDERAL AGENCY: U.S.D.A. - R.D.	
---	--	---	--

13. PROPOSED PROJECT Water renovation		14. CONGRESSIONAL DISTRICTS OF: WALLY HERGER	
--	--	---	--

Start Date 5/01/04	Ending Date 10/01/04	a. Applicant 2nd District	b. Project 2nd District
-----------------------	-------------------------	------------------------------	----------------------------

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
------------------------	--	--	--

a. Federal	\$	500,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE 4/28/03  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	500,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
---	--	--

a. Type Name of Authorized Representative Shirley Wheeler	b. Title MCWD Board Member	c. Telephone Number (530) 595-4418
d. Signature of Authorized Representative <i>Shirley Wheeler</i>		e. Date Signed April 28, 2003

**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

**EXHIBIT 3(a)**

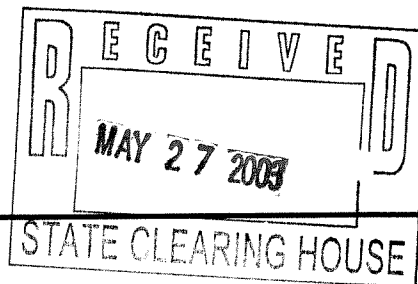
1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted 05/19/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name (TELACU) The East Los Angeles Community Union		8. Organizational Unit	
9. Address (give city, county, State, and zip code) A. Address: 5400 E. Olympic Blvd., Suite 300 B. City: Los Angeles C. County: Los Angeles D. State: California E. Zip Code: 90022		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Tom F. Provencio B. Title: Vice President C. Phone: (323) 721-1655 D. Fax: (323) 721-3560 E. E-mail: tomtcm@aol.com	
11. Employer Identification Number (EIN) or SSN 95-2554256		12. Type of Applicant (enter appropriate letter in box) <span style="float: right;">N</span> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: HUD Section 202 Program Component Title: 14 — 157		16. Descriptive Title of Applicant's Program Supportive Housing for the Elderly	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Rialto, CA County of San Bernardino			
18a. Proposed Program start date 9/30/03	18b. Proposed Program end date 9/30/04	19a. Congressional Districts of Applicant 33rd	19b. Congressional Districts of Program 43rd
20. Estimated Funding: <b>Applicant must complete the Funding Matrix on Page 2.</b>			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date <u>5/19/03</u> B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			





## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD Section 202	9,240,000.00								9,240,000.00
Economic Development Agency						75,000.00			75,000.00
<b>Grand Totals</b>	9,240,000.00					75,000.00			9,315,000.00

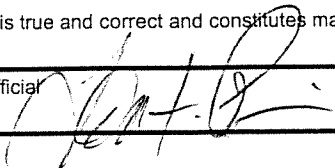
\* For FHIPs, show both initiative and component

## Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 		Name (printed) Tom F. Provencio	
Title Vice President		Date (mm/dd/yyyy) 05/19/2003	

**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

**EXHIBIT 8(a)**

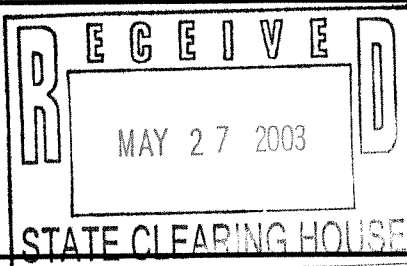
1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted 05/19/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name (TELACU) The East Los Angeles Community Union		8. Organizational Unit	
9. Address (give city, county, State, and zip code) A. Address: 5400 E. Olympic Blvd., Suite 300 B. City: Los Angeles C. County: Los Angeles D. State: California E. Zip Code: 90022		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Tom F. Provencio B. Title: Vice President C. Phone: (323) 721-1655 D. Fax: (323) 721-3560 E. E-mail: tomptcm@aol.com	
11. Employer Identification Number (EIN) or SSN 95-2554256		12. Type of Applicant (enter appropriate letter in box) <b>N</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 -- 157 Title: HUD Section 202 Program Component Title:		16. Descriptive Title of Applicant's Program Supportive Housing for the Elderly	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Riverside, CA County of Riverside			
18a. Proposed Program start date 9/30/03	18b. Proposed Program end date 9/30/04	19a. Congressional Districts of Applicant 33rd	19b. Congressional Districts of Program 44th
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 5/19/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD Section 202	9,900,000.00								9,900,000.00
Redev. Agency						750,000.00			750,000.00
									0.00
									0.00
									0.00
<b>Grand Totals</b>	9,900,000.00	0.00	0.00	0.00	0.00	750,000.00	0.00	0.00	10,650,000.00

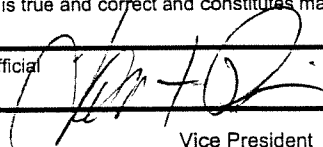
\* For FHIPs, show both initiative and component

## Certifications

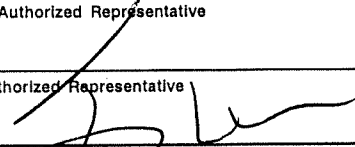
I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 	Name (printed) Tom F. Provencio
Title Vice President	Date (mm/dd/yyyy) 05/19 /2003

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 05/21/2003		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
<b>Legal Name:</b> Tenderloin AIDS Resource Center, Inc.			<b>Organizational Unit:</b>		
<b>Address (give city, county, state, and zip code):</b> 187 Golden Gate Ave. San Francisco, CA 94102			<b>Name and telephone number of the person to be contacted on matters involving this application (give area code):</b> Tracy L. Brown, Executive Director 415-241-2540		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 3 2 1 4 6 2 9         </div>			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">N</span>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____			A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify): <u>Non-profit</u>		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           0 3 - 0 0 5         </div> TITLE: Minority SAP and HIV Prevention Services Program			<b>9. NAME OF FEDERAL AGENCY:</b> SAMHSA- CSAP		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> San Francisco, CA			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Tenderloin Communities of Color Substance Abuse and HIV Prevention Collaborative		
<b>13. PROPOSED PROJECT:</b> Start Date    Ending Date		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    b. Project 6    6			
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal    \$    350,000.00 b. Applicant    \$    .00 c. State    \$    .00 d. Local    \$    .00 e. Other    \$    .00 f. Program Income    \$    .00 g. TOTAL    \$    350,000.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>05/23/2003</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW			
		<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Typed Name of Authorized Representative</b> Tracy L. Brown		<b>b. Title</b> Executive Director		<b>c. Telephone number</b> (415) 241-2540	
<b>d. Signature of Authorized Representative</b> 				<b>e. Date Signed</b> 05/21/2003	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 20, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier


<b>5. APPLICANT INFORMATION</b> Legal Name: Desert Alliance for Community Empowerment		Organizational Unit:																					
Address (give city, county, State, and zip code): 53-990 Enterprise Way, Suite 1 Coachella, CA 92236		Name and telephone number of person to be contacted on matters involving this application (give area code) Jeff Hays or David Saldivar 760-391-5050																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             3 3 - 0 8 5 7 1 8 7           </div>		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div>             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) <u>Non profit</u> </div> </div>																					
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;">  </span> <span style="border: 1px solid black; padding: 2px 10px;">  </span> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>             A. Increase Award              D. Decrease Duration           </div> <div>             B. Decrease Award              Other(specify):           </div> <div>             C. Increase Duration           </div> </div>		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 0 - 7 6 6           </div> TITLE: Community Facility Grants		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Purchase of mobile restroom and shower units and shade structure to provide seasonal shower & lavatory services to migrant agricultural workers.																					
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Mecca, California		<div style="border: 1px solid black; padding: 5px; text-align: center;">             RECEIVED              MAY 27 2003              STATE CLEARING HOUSE           </div>																					
<b>13. PROPOSED PROJECT</b> Start Date: 6/1/03    Ending Date:	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 45th Mary Bono b. Project: 45th Mary Bono																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">100,000<sup>00</sup></td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">8,000<sup>00</sup></td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">  <sup>00</sup></td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">35,000<sup>00</sup></td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">86,000<sup>00</sup></td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">  <sup>00</sup></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">229,000<sup>00</sup></td></tr> </table>		a. Federal	\$	100,000 <sup>00</sup>	b. Applicant	\$	8,000 <sup>00</sup>	c. State	\$	<sup>00</sup>	d. Local	\$	35,000 <sup>00</sup>	e. Other	\$	86,000 <sup>00</sup>	f. Program Income	\$	<sup>00</sup>	g. TOTAL	\$	229,000 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>05/20/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	100,000 <sup>00</sup>																					
b. Applicant	\$	8,000 <sup>00</sup>																					
c. State	\$	<sup>00</sup>																					
d. Local	\$	35,000 <sup>00</sup>																					
e. Other	\$	86,000 <sup>00</sup>																					
f. Program Income	\$	<sup>00</sup>																					
g. TOTAL	\$	229,000 <sup>00</sup>																					
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																							
a. Type Name of Authorized Representative Jeffrey A. Hays	b. Title Executive Director	c. Telephone Number (760) 391-5050																					
d. Signature of Authorized Representative		e. Date Signed 5-20-03																					

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

OFFICE COPY

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 05/21/2003	Applicant Identifier 95-4092046
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: PROTOTYPES, Centers for Innovation in Health, Mental Health		Organizational Unit: PROTOTYPES WomensLink	
Address (give city, county, state, and zip code): 5601 W. Slauson Ave., Suite 200 Culver City, CA 90230		Name and telephone number of the person to be contacted on matters involving this application (give area code): Vivian B. Brown, Ph.D. (310) 641-7795	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 4 0 9 2 0 4 6		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">N</span>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): non-profit	
		<b>9. NAME OF FEDERAL AGENCY:</b> CSAT/SAMHSA	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE: TI 03-008 A & C		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Project EASE (Expanded Access and Service Enhancement), a consortium of Minority AIDS Project (MAP) and PROTOTYPES.	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Los Angeles County (CA)			
<b>13. PROPOSED PROJECT:</b> Start Date: 10/01/2003    Ending Date: 09/30/2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 32    b. Project: all	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 500,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$ .00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00	<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 500,000.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Typed Name of Authorized Representative</b> Vivian B. Brown, Ph.D.		<b>b. Title</b> CEO	<b>c. Telephone number</b> (310) 641-7795
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b>	

## TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE ABUSE TREATMENT AND HIV/AIDS SERVICE

**Project Title:** PROTOTYPES (lead agency) and Minority AIDS Project: Project EASE

**Location:** Los Angeles, CA

### ABSTRACT

PROTOTYPES, Centers for Innovation in Health, Mental Health and Social Services and the Minority AIDS Project (MAP) – propose a collaborative Targeted Capacity Expansion Program for substance abuse treatment and HIV/AIDS services. Project EASE (Expanded Access and Service Enhancement) is designed as a consortium effort directed to service racial and ethnic minority populations affected by the twin epidemics of substance abuse and HIV/AIDS within Service Planning Areas 4, 6, and 8 of Los Angeles County, California. The two organizations have combined their expertise and strength of working with communities of color. **Target Population:** African American and Latina/o men and women who are People Living With HIV/AIDS (PLWH/A) and use drugs including injection drug users (IDUs) and non-IDUs. It is projected that a minimum of 1,000 men and women at risk for HIV/AIDS or PLWH/A will receive outreach, screening, and treatment readiness, and a minimum of 500 men and women will enroll in substance abuse treatment services, 50% male, 50% female, 65% African American, 30% Latino/a, and 5% other ethnic-racial groups. **Purpose of the Proposed Project.** Project EASE is a collaboration of two agencies with a shared vision to provide quality substance abuse treatment and HIV/AIDS services to communities of color. The primary goal of Project EASE is to enhance and expand outreach, treatment readiness (pretreatment) and substance abuse treatment in conjunction with HIV/AIDS services. PROTOTYPES is recognized as a national leader in substance abuse treatment for PLWH/A. MAP has long provided HIV/AIDS life enhancement and supportive services for people of color living with HIV/AIDS, but has not had internal capacity to provide substance abuse treatment. Thus one of the major purposes of the collaboration will be to build capacity for substance abuse treatment and provide an enhanced, comprehensive continuum of services. The goals and objectives for the project, for a five year period, are as follows. **Objective 1.** To expand community outreach and screening services to 200 men and women (100 by PROTOTYPES and 100 by MAP) per year. **Objective 2.** To increase treatment readiness through culturally competent outreach and pretreatment services to 200 men and women (100 by PROTOTYPES and 100 by MAP) per year. **Objective 3.** To increase/expand substance abuse treatment by 100 slots (50 slots at Minority AIDS Project and 50 slots at PROTOTYPES) per year, **Objective 4.** For those clients living with HIV/AIDS, to provide enhanced HIV/AIDS services in addition to the substance abuse treatment at both MAP and PROTOTYPES WomensLink. **Objective 5.** To enhance organizational capacity of the agencies by building new substance abuse treatment capability in MAP and by using data for quality improvement and enhancement for both collaborative partners. The Measurement Group (TMG) will conduct an independent evaluation of Project EASE

**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission



Application



Preapplication

CO-SPONSORS

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name **WEST HOLLYWOOD  
WASET, INC. & COM. HOUSING CORP.**

8. Organizational Unit **WEST HOLLYWOOD COMMUNITY  
WASET, INC. & HOUSING CORPORATION**

9. Address (give city, county, State, and zip code)

A. Address: 3460 S. Broadway  
B. City: Los Angeles  
C. County: Los Angeles  
D. State: California  
E. Zip Code: 90007

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (Including area codes)

A. Name: Noel L. Sweitzer  
B. Title: Housing Consultant  
C. Phone: 323 231-1104  
D. Fax: 323 232-0094  
E. E-mail: hdsingmt@aol.com

11. Employer Identification Number (EIN) or SSN

95-4354411

12. Type of Applicant (enter appropriate letter in box)

N

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)



A. Increase Amount B. Decrease Amount C. Increase Duration  
D. Decrease Duration E. Other (Specify)

A. State I. University or College  
B. County J. Indian Tribe  
C. Municipal K. Tribally Designated Housing Entity (TDHE)  
D. Township L. Individual  
E. Interstate M. Profit Organization  
F. Intermunicipal N. Non-profit  
G. Special District O. Public Housing Authority  
H. Independent School District P. Other (Specify)

14. Name of Federal Agency

**U.S. Department of Housing and Urban Development**

15. Catalog of Federal Domestic Assistance (CFDA) Number

**14--157**

Title: Supportive Housing for the  
Component Title: Elderly

16. Descriptive Title of Applicant's Program

A 35 unit affordable senior housing project in West Hollywood, CA. Funding through HUD's Section 202 Capital Advance Program. For very low income seniors & disabled, 62 years of age & over.

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

West Hollywood & City of Los Angeles

18a. Proposed Program start date

9/04

18b. Proposed Program end date

12/05

19a. Congressional Districts of Applicant

CA 30 & 29

19b. Congressional Districts of Program

29

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes



This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 5/22/03

B. No



Program is not covered by E.O. 12372

Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?



No



Yes If "Yes," explain below or attach an explanation.

RECEIVED  
MAY 27 2003  
STATE CLEARING HOUSE

\*WASET, INC. is submitting this document on behalf of the co-sponsors.



## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Section 202	\$3.5 Mil.					\$2 Mil.	Estimate		0.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

\* For FHIPs, show both initiative and component

## Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 	Name (printed) Patricia Swearingen
Title Secretary, WASET, INC.	Date (mm/dd/yyyy) 5/22/03

Supportive Housing for the Elderly / ion 202  
**Application for Capital Advance**  
**Summary Information**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0267  
(exp. 12/31/2003)

CO-SPONSOR - LAUREL PLACE

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

<b>HUD</b> Use Only		202 Project Number		PRAC Number	
1. Sponsor's Name(s), Address(es) & Telephone Number(s) WASET, INC. - 3460 S. Broadway Los Angeles, CA 90007 323 231-1104 & Fax 323 232-0094				2. Minority Sponsor Designation. A minority sponsor is one in which at least 51 percent of the board members are minority. Is this sponsor a minority applicant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," place the numeric code as shown below in this box <input type="text" value="4"/> & <input type="text" value="2"/> Codes: 2 - Black; 3 - Native American; 4 - Hispanic; 5 - Asian Pacific; 6 - Asian Indian 3 His. & 2 Af. Am.; 1 C	
1a. Sponsor is a "grassroots" organization <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
3a. Address of Site 1343 N. Laurel Ave. West Hollywood, CA 90046		3b. Will project be located within the boundaries of a Federally-designated: (1) Empowerment Zone, (2) Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strategic Planning Community, or (5) Renewal Community? (Contact local HUD Office for information on these designated areas.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," please place the appropriate number as shown above in this box <input type="text"/>			
4a. Congressional District 29		5. Type of Area <input checked="" type="checkbox"/> Metropolitan <input type="checkbox"/> Non-metropolitan		6. Capital Advance Amount Requested \$ 3,500,000	
4b. Census Tract 7002				7. Project Rental Assistance Contract Amount Requested \$ 153,000 p.a.	
8. Total No. of 202 Units 35		8a. Number & Type of Resident Units Proposed <input type="text" value="34"/> Efficiency <input type="text" value="1"/> One bedroom		8b. Resident Manager's Unit (check appropriate type) <input type="checkbox"/> Efficiency <input type="checkbox"/> One bedroom <input checked="" type="checkbox"/> Two bedroom	
9. Number of Buildings 2 (1 Small Rehab & 1 New)		10. Type of Project <input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition Year Built (yyyy) <input type="text" value="1923"/>		11. Type of Building(s) <input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Semi-detached <input checked="" type="checkbox"/> Walk-up <input type="checkbox"/> Detached <input checked="" type="checkbox"/> Elevator	
12. Number of Stories 2 & 3		13. Number of Parking Spaces 23		14. Check utilities and services not included in the rent and to be paid directly by the tenant. <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Heat <input type="checkbox"/> Gas	
15. Off-Site Facilities Public At Site Feet from Site Water <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="text"/> Sewer <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="text"/> Paving <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="text"/> Gas <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="text"/> Electric <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="text"/>		16a. Community Spaces to be included in Project There will be a comm. rm. & a crafts rm., a Sup. Ser. Rm. All will be within HUD's permitted community space guidelines		16b. Mixed-Finance or Mixed-Use Project For Additional Units <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No. of Additional Units <input type="text"/>	
17. Unusual Site Features <input checked="" type="checkbox"/> None <input type="checkbox"/> Poor Drainage <input type="checkbox"/> Cuts <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Fill <input type="checkbox"/> Rock Foundations <input type="checkbox"/> Erosion <input type="checkbox"/> High Water Table <input type="checkbox"/> Other (specify)		18. Mark one box <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Agent <input type="checkbox"/> Authorized Representative		Name, Address & Telephone Number Noel L. Sweitzer Housing Development Services, Inc. 3460 S. Broadway, L.A. CA 90007 323 231-1104 & Fax 323 232-0094	
19. If Sponsor is applying for more than one HUD program from the SuperNOFA, indicate which application(s) contain the forms with original signatures. Program Name Only Section 202 Funding Form					
20. Sponsor's Attorney (name, address & telephone number) Alan D. Ross, Esq. 17530 Ventura Blvd., Suite 205 Encino, CA 91316				By (Signature of Sponsor's Authorized Representative)  Type in Name Patricia Swearinger Type in Title Secretary, WASET, INC. Date (mm/dd/yyyy) 5/15/03	

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 05/22/2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>	
Legal Name: La Clinica de La Raza-Fruitvale Health Project, Inc.	Organizational Unit: Health Education Department
Address (give city, county, state, and zip code): 1515 Fruitvale Avenue Oakland, CA 94601	Name and telephone number of the person to be contacted on matters involving this application (give area code): Jane Garcia 510-535-4017

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 - 1 7 4 4 1 0 8           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">N</span>
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration      Other (specify): _____	A. State      H. Independent School Dist. B. County      I. State Controlled Institution of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (Specify): <u>Community Clinic</u>

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 - 1 7 4 4 1 0 8           </div> TITLE: RFA#SP-03-005, Minority SAP and HIVP Servs. Prog.	<b>9. NAME OF FEDERAL AGENCY:</b> DHHH, Substance Abuse Mental Health Services Administration
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Targeted Capacity Expansion Initiatives for Substance Abuse and HIV Prevention in Minority Communities, Services Grant for youth in five Oakland schools.	

<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Oakland, Alameda County, California	
---	--

<b>13. PROPOSED PROJECT:</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>								
<table style="width:100%;"> <tr> <td>Start Date</td> <td>Ending Date</td> </tr> <tr> <td>10/01/2003</td> <td>09/30/2008</td> </tr> </table>	Start Date	Ending Date	10/01/2003	09/30/2008	<table style="width:100%;"> <tr> <td>a. Applicant</td> <td>b. Project</td> </tr> <tr> <td>9,13</td> <td>9,13</td> </tr> </table>	a. Applicant	b. Project	9,13	9,13
Start Date	Ending Date								
10/01/2003	09/30/2008								
a. Applicant	b. Project								
9,13	9,13								

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>														
<table style="width:100%;"> <tr> <td>a. Federal</td> <td>\$ 1,700,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ .00</td> </tr> <tr> <td>c. State</td> <td>\$ .00</td> </tr> <tr> <td>d. Local</td> <td>\$ .00</td> </tr> <tr> <td>e. Other</td> <td>\$ .00</td> </tr> <tr> <td>f. Program Income</td> <td>\$ .00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 1,700,000.00</td> </tr> </table>	a. Federal	\$ 1,700,000.00	b. Applicant	\$ .00	c. State	\$ .00	d. Local	\$ .00	e. Other	\$ .00	f. Program Income	\$ .00	g. TOTAL	\$ 1,700,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>05/22/2003</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
a. Federal	\$ 1,700,000.00														
b. Applicant	\$ .00														
c. State	\$ .00														
d. Local	\$ .00														
e. Other	\$ .00														
f. Program Income	\$ .00														
g. TOTAL	\$ 1,700,000.00														

<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES      If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
--	--

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Typed Name of Authorized Representative Jane Garcia	b. Title Chief Executive Officer	c. Telephone number (510) 535-4017
d. Signature of Authorized Representative 		e. Date Signed 05/20/2003

RECEIVED  
 MAY 27 2003  
 STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 05/23/2003		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:	
Application	Preapplication
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION	
Legal Name: Byron Sanitary District	Organizational Unit:
Address (give city, county, State, and zip code): Post Office Box 636 Oakley, CA 94561	Name and telephone number of the person to be contacted on matters involving this application (give area code) Fred Etzel (510) 433-1295 Bob Byer (925) 625-9135

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2361321	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):
--	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	9. NAME OF FEDERAL AGENCY: USDA, Rural Development
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: Water and Waste Disposal Loan and Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of an approx. 2 mile long, 6" force main to convey untreated wastewater from Byron to the Town of Discovery Bay Community Services District for treatment and disposal.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Byron, an unincorporated community located in eastern Contra Costa County, California	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 08/01/2003 Ending Date: 09/01/2003	a. Applicant: 11th District b. Project: 11th District

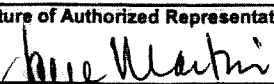
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/23/2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 3,522,600.00	
b. Applicant	\$ 0.00	
c. State	\$ 0.00	
d. Local	\$ 0.00	
e. Other	\$ 0.00	
f. Program Income	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL	\$ 3,522,600.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Bob Byer	b. Title President, Board of Directors	c. Telephone Number (925) 625-9135
d. Signature of Authorized Representative <i>Bob Byer</i>		e. Date Signed 5-21-03

# APPLICATION FOR FEDERAL ASSISTANCE

COPY

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5-22-03	Applicant Identifier														
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier														
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier														
<b>5. APPLICANT INFORMATION</b>																	
Legal Name: Orange County Bar Foundation		Organizational Unit: Orange County Bar Foundation															
Address (give city, county, state, and zip code): 313 N. Birch Street Santa Ana, CA 92701 Orange County		Name and telephone number of the person to be contacted on matters involving this application (give area code) Karen Ruan, Assist. Ex. Director (714) 480-1925 ext. 101															
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 23-7068923		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify): <u>non-profit</u> </div> </div>															
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):		<b>9. NAME OF FEDERAL AGENCY:</b> SAMSHA - CSAP															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 03-005 TITLE: TCE Initiatives for SAP and HIV in Minority Communities		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> The Orange County Bar Foundation (OCBF) proposes to <b>Expand and enhance the Stop Short of Addiction</b> prevention program in Orange County, CA due to the need for culturally appropriate substance abuse and HIV/AIDS prevention services for Latino adolescents. The expansion includes three phases: Phase 1) Strategic planning, Phase 2) Implementation, and Phase 3) Evaluation and sustainability.															
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Orange County, California																	
<b>13. PROPOSED PROJECT:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Start Date</td> <td>Ending Date</td> </tr> <tr> <td>9/30/03</td> <td>9/30/08</td> </tr> </table>		Start Date	Ending Date	9/30/03	9/30/08	<b>14. CONGRESSIONAL DISTRICTS OF:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Applicant</td> <td>b. Project</td> </tr> <tr> <td>39, 45, 46, 47, 48</td> <td>39, 45, 46, 47, 48</td> </tr> </table>		a. Applicant	b. Project	39, 45, 46, 47, 48	39, 45, 46, 47, 48						
Start Date	Ending Date																
9/30/03	9/30/08																
a. Applicant	b. Project																
39, 45, 46, 47, 48	39, 45, 46, 47, 48																
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 350,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ .00</td> </tr> <tr> <td>c. State</td> <td>\$ .00</td> </tr> <tr> <td>d. Local</td> <td>\$ .00</td> </tr> <tr> <td>e. Other</td> <td>\$ 200,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$ .00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 550,000.00</td> </tr> </table>		a. Federal	\$ 350,000.00	b. Applicant	\$ .00	c. State	\$ .00	d. Local	\$ .00	e. Other	\$ 200,000.00	f. Program Income	\$ .00	g. TOTAL	\$ 550,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>5-20-03</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	\$ 350,000.00																
b. Applicant	\$ .00																
c. State	\$ .00																
d. Local	\$ .00																
e. Other	\$ 200,000.00																
f. Program Income	\$ .00																
g. TOTAL	\$ 550,000.00																
		<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes," attach an explanation.    No <input checked="" type="checkbox"/>															
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																	
<b>a. Typed Name of Authorized Representative</b> Jane Martin		<b>b. Title</b> Executive Director	<b>c. Telephone number</b> 714-480-1925														
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 5/20/03															

OMB Approval No. 0348-0043

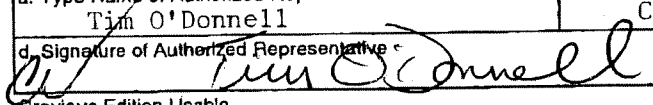
## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
3. Date Rec'd by State		State Application Identifier	
4. Date Rec'd by Federal		Federal Identifier I.S 97928301	
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Elizabeth Haven (916) 341-5752	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
8. Type of Application: ____ New <input checked="" type="checkbox"/> Revision ____ Continuation If Revision, enter appropriate letter(s): <u>A</u> ____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.805 Title: Leaking Underground Storage Tank Trust Fund		11. Descriptive Title of Applicant's Project: Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.	
12. Area Affected by Project: (cities, counties, states, etc.)		14. Congressional District of: Applicant: 3 Project: California - All	
13. Proposed Project: Start Date 7/1/02 End Date 6/30/05		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 23, 2003 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
15. ESTIMATED FUNDING: a. Federal \$5,169,413 b. Applicant \$0 c. State \$574,379 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$5,743,792		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantu		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative			e. Date Signed:

APPLICATION FOR  
FEDERAL ASSISTANCE

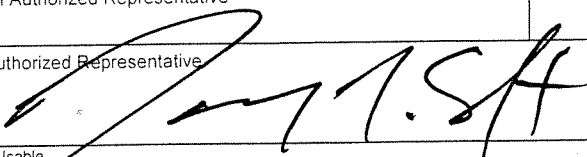
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 28, 2003		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: County of San Joaquin			Organizational Unit: Department of Aviation		
Address (give city, county, state and zip code): 5000 South Airport Way Stockton, San Joaquin County California 95206			Name and telephone number of the person to be contacted on matters involving this application (give area code) Barry Rondinella (209) 468-4700		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 5 4 3			TYPE OF APPLICANT: (enter appropriate letter in box) <b>B</b>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 1 0 6			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Joaquin County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: See Page 2 of Standard Form 424		
13. PROPOSED PROJECT: Start Date 2003 Ending Date 2003		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 11 b. Project 11			
15. ESTIMATED FUNDING: a. Federal \$ 1,300,000 .00 b. Applicant \$ 144,444 .00 c. State \$ 0 .00 d. Local \$ 0 .00 e. Other \$ 0 .00 f. Program Income \$ 0 .00 g. TOTAL \$ 1,444,444 .00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE ##### b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Jack A. Setglock		b. Title Chairman, Board of Supervisors		c. Telephone Number (209) 468-3113	
d. Signature of Authorized Representative <i>Jack A. Setglock</i>				e. Date Signed MAY 20 2003	

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b> Legal Name: City of Brea Address (give city, county, State, and zip code): 1 Civic Center Brea, CA 91765 Orange County			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-60000681		Organizational Unit: Development Services Name and telephone number of person to be contacted on matters involving this application (give area code): Melinda Kwan (714) 990-7766	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> C A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-606 TITLE: <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Brea		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. - EPA <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Wastewater Infrastructure Improvement	
<b>13. PROPOSED PROJECT</b> Sewer Improvement		<b>14. CONGRESSIONAL DISTRICTS OF:</b> 41	
Start Date 7/15/02	Ending Date 7/30/04	a. Applicant City of Brea	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 871,600.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 713,127.00	DATE 5/27/03	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 1,584,727.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Tim O'Donnell		b. Title City Manager	c. Telephone Number (714) 990-7710
d. Signature of Authorized Representative 		e. Date Signed 5-22-03	



# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 1/07/03	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Applicant Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY <i>March 14, 2003</i>	Federal Identifier
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST ACRONYM(S)			
Legal Name: Jefferson Economic Development Institute		Organizational Unit:	
Address (give city, county, state, and zip code): 711 Pine Street P.O. Box 1586 Mount Shasta, CA 96067		Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) PI: (530) 926-6670 Nswiftjedi@snowcrest.net ADMIN. CONTACT: Nancy T. Swift	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 1 - 1 7 6 4 8 9 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">N</span>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Other (specify): Revise expenditures		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Nonprofit	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 7 . 7 6 9 TITLE: <u>PRIME RBEG</u>		9. NAME OF FEDERAL AGENCY: US Small Business Administration (PRIME)	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Siskiyou, County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: JEDI's PRIME Sector-Focus Microenterprise Project <div style="border: 2px solid black; padding: 5px; display: inline-block; text-align: center;">             RECEIVED MAY 23 2003 STATE CLEARING HOUSE           </div> <div style="border: 2px solid black; padding: 5px; display: inline-block; transform: rotate(-15deg); transform-origin: right top;">             RECEIVED MAR 14 2003           </div>	
13. PROPOSED PROJECT: Start Date: 6/1/03 Ending Date: 5/31/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Wally Herger b. Project: JEDI's PRIME Sector-Focus Microenterprise Project Carryover Funds for discreet activity to finish program	
15. ESTIMATED TOTAL PROJECT FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ .00	b. NO. XX PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 29,000		
d. Local	\$		
e. Other	\$ 93,000		
f. Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 197,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Nancy T. Swift		b. Title: Executive Director	c. Telephone number 530-926-6670
d. Signature of Authorized Representative 		e. Date Signed 3/14/03	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <b>R9 # 03-143</b>
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: City of Garden Grove		Organizational Unit: City of Garden Grove Public Works	
Address (give city, county, State, and zip code): Post Office Box 3070, Garden Grove ORANGE COUNTY, CA 92842		Name and telephone number of person to be contacted on matters involving this application (give area code) Mark Uphus (714) 741-5191	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005848		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right;"><b>C</b></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div style="width: 48%;">           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____         </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		9. NAME OF FEDERAL AGENCY: US EPA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Surveys, studies, investigations and special purpose grants TITLE: 66-606		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of Bonser Avenue Storm Drain	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Garden Grove, Orange County, CA		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>R E C E I V E</b>   <b>MAY 23 2003</b> </div>	
13. PROPOSED PROJECT			
Start Date 03/05	Ending Date 08/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 46    b. Project 46	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 216,800.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <u>May 21, 2003</u>  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ .00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ 209,945.00		
f. Program Income	\$ .00		
g. TOTAL	\$ 426,745.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Les M. Jones, II		b. Title Assistant City Manager	c. Telephone Number (714) 741-5375
d. Signature of Authorized Representative <i>Les M. Jones</i>		e. Date Signed	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Precapitation <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 22, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Coral Reef Alliance		Organizational Unit: Parks Program	
Address (give city, county, State, and zip code): 417 Montgomery St., Suite 205, San Francisco, CA 94104; tel (415)834-0900; fax (415)34-0999		Name and telephone number of person to be contacted on matters involving this application (give area code): Tegan Churcher Hoffmann (415)834-0900 x302	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3211245		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District           </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) 501 (c) 3           </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		9. NAME OF FEDERAL AGENCY: National Oceanographic & Atmospheric Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463 Title: Habitat Conservation		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Direct Support to Coral Park Practitioners in the Freely Associated States of the Pacific: Palau, Marshalls, Pohnpei	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Freely Associated States of the Pacific			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/03	Ending Date 3/31/05	a. Applicant Barbara Boxer, Nancy Pelosi	b. Project NA
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 45,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/22/03	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		
e. Other	\$ 97,250		
f. Program Income	\$		
g. TOTAL	\$ 142,250	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Brian Huse		b. Title Executive Director	
c. Telephone Number (415) 834-0900		d. Signature of Authorized Representative	
e. Date Signed			

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED</b> May 22, 2003	<b>Applicant Identifier</b>
<b>1. TYPE OF SUBMISSION</b> Application Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name</b> California Superior Court County of Riverside		<b>Organizational Unit</b> Administrative Services	
<b>Address</b> 30755-D Auld Road Suite 1226 Murrieta, California 92563-2506		<b>Name and telephone number of the person to be contacted on matters involving this application</b> Miller, Pamela (909) 304-5334	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 95-6000930		<b>7. TYPE OF APPLICANT</b> State	
<b>8. TYPE OF APPLICATION</b> New		<b>9. NAME OF FEDERAL AGENCY</b> Bureau of Justice Assistance	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b>  NUMBER: 16.585 CFDA DRUG COURTS DISCRETIONARY GRANT TITLE: PROGRAM		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b> Adult Criminal Drug Court	
<b>12. AREAS AFFECTED BY PROJECT</b> County of Riverside, California			
<b>13. PROPOSED PROJECT</b> Start Date: July 01, 2003 End Date: June 30, 2006		<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant b. Project CA43	
<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
Federal	\$500,000	This preapplication/application was made available to the state executive order 12372 process for review on 05/22/2003	
Applicant	\$125,000		
State	\$0		
Local	\$0		
Other	\$0		
Program Income	\$0	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
TOTAL	\$625,000	N	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.</b>			

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: The University Corporation		Organizational Unit: Police Department	
Address (give city, county, State, and zip code): California State University, Northridge 18111 Nordhoff Street Northridge, CA 91330-8232		Name and telephone number of person to be contacted on matters involving this application (give area code): Scott G. VanScoy (818)677-2764 Special Services Lieutenant	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1992732		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		A. State    H. Independent School Dist. <input type="checkbox"/> B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-710 TITLE: COPS Universal Hiring Program 2003		9. NAME OF FEDERAL AGENCY: U.S. Department of Justice Ofc. of Community Oriented Policing	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California State University, Northridge and surrounding community		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Universal Hiring Grant soliciting funds for three add'l police officers positions that will focus on terrorism preparedness and response through community policing	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:		
Start Date Fall '03	Ending Date Fall '06	a. Applicant 27th	b. Project 27th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 225,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/22/03	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 297,750	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 522,750		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Scott Perez		b. Title Director	c. Telephone Number 818-677-2901
d. Signature of Authorized Representative Scott Perez		e. Date Signed 5/22/03	

APPLICATION FOR  
FEDERAL ASSISTANCE

1. Type of Submission <b>Application</b>		2. Date Submitted (mm/dd/yyyy) April 14, 2003		Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)	
		4. Date Received by Federal Agency (mm/dd/yyyy)		State Applicant Identifier	
				Federal Identifier	

**RECEIVED**  
 MAY 22 2003  
**STATE CLEARING HOUSE**

5. APPLICANT INFORMATION	
Legal Name Merced County Department of Mental Health	Organizational Unit Mental Health Services
Address (give city, county, state, and zip code) 2926 "G" Street Merced, California 95340	Name and telephone number of the person to be contacted on matters involving this application (give area code) Barbara Henon (209) 381-6802
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 6 0 0 0 5 2 1         </div>	
7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">B</span>	
<div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District            H. Independent School Dist.         </div> <div>           I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Nonprofit            O. Public Housing Agency            P. Other (Specify)         </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between;"> <div>D. Decrease Duration</div> <div>Other (specify):</div> </div>	
9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Merced County Department of Mental Health Initiative to End Chronic Homelessness.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Joaquin Valley: Merced, Livingston, Atwater, Winton, Chowchilla, Delhi, Los Banos	
13. PROPOSED PROJECT:	
Start Date (mm/dd/yyyy) 09/01/03	Ending Date (mm/dd/yyyy) 09/01/06
14. CONGRESSIONAL DISTRICTS OF:	
a. Applicant 18 <sup>th</sup> Congressional District	b. Project 18 <sup>th</sup> Congressional District
15. ESTIMATED FUNDING:  Complete form HUD-424-M, Funding Matrix	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) April 11, 2003	
b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative Troy Dean Fox	b. Title Director of Mental Health
c. Telephone number (Include Area Code) (209) 381-6812	d. Date Signed (mm/dd/yyyy) 04/14/2003
d. Signature of Authorized Representative <i>Troy Dean Fox</i>	

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. Type of Submission</b> <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. Date Submitted (mm/dd/yyyy)</b> April 14, 2003		<b>Applicant Identifier</b>	
		<b>3. Date Received by State (mm/dd/yyyy)</b>		<b>State Applicant Identifier</b>	
		<b>4. Date Received by Federal Agency (mm/dd/yyyy)</b>		<b>Federal Identifier</b>	

**RECEIVED**  
 MAY 22 2003

**STATE CLEARING HOUSE**

<b>5. APPLICANT INFORMATION</b> <b>Legal Name</b> Merced County Department of Mental Health <b>Address (give city, county, state, and zip code)</b> 2926 "G" Street Merced, California 95340			<b>Organizational Unit</b> Mental Health Services <b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b> Barbara Henon (209) 381-6802		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>9</span><span>4</span><span>-</span><span>5</span><span>0</span><span>0</span><span>0</span><span>5</span><span>2</span><span>1</span> </div>			<b>7. TYPE OF APPLICANT:</b> <i>(enter appropriate letter in box)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District            H. Independent School Dist.         </div> <div style="width: 45%;">           I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Nonprofit            O. Public Housing Agency            P. Other (Specify)         </div> </div>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           A. Increase Award            D. Decrease Duration         </div> <div style="width: 30%;">           B. Decrease Award            Other (specify)         </div> <div style="width: 30%;">           C. Increase Duration         </div> </div>			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing & Urban Development		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy)</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <b>TITLE</b> Collaborative Initiative to help End Chronic Homelessness			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> The Merced County Department of Mental Health Initiative to End Chronic Homelessness.		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> San Joaquin Valley; Merced, Livingston, Atwater, Winton, Chowchilla, Delhi, Los Banos					

<b>13. PROPOSED PROJECT:</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Start Date (mm/dd/yyyy)</b>            09/01/03         </div> <div style="flex: 1;"> <b>Ending Date (mm/dd/yyyy)</b>            09/01/06         </div> </div>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <div style="display: flex;"> <div style="flex: 1;"> <b>a. Applicant</b>            18<sup>th</sup> Congressional District         </div> <div style="flex: 1;"> <b>b. Project</b>            18<sup>th</sup> Congressional District         </div> </div>	
--	--	---	--

<b>15. ESTIMATED FUNDING:</b> <div style="border: 1px solid black; padding: 10px; height: 100px;">         Complete form HUD-424-M, Funding Matrix       </div>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> <b>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</b> <b>DATE (mm/dd/yyyy)</b> April 11, 2003 <b>b. NO</b> <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <b>OR</b> <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes      If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	

<b>a. Typed Name of Authorized Representative</b> Troy Dean Fox		<b>b. Title</b> Director of Mental Health		<b>c. Telephone number (Include Area Code) (209)</b> 381-6811	
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed (mm/dd/yyyy)</b> 04/14/2003			

# Application for Federal Assistance

OMB Approval No. 0348-0043

<b>1. Type of Submission</b> <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <b>Application</b>  <input type="checkbox"/> Construction  <input checked="" type="checkbox"/> Non-Construction             </div> <div style="width:45%;"> <b>Pre-application</b>  <input type="checkbox"/> Construction  <input checked="" type="checkbox"/> Non-Construction             </div> </div>		<b>2. Date Submitted (mm/dd/yyyy)</b> 03/28/03	<b>Applicant Identifier</b>  <b>3. Date Received by State (mm/dd/yyyy)</b>  <b>4. Date Received by Federal Agency (mm/dd/yyyy)</b>
<b>5. Applicant Information</b> <b>Legal Name</b> HUMBOLDT AMATEUR RADIO CLUB <b>Address (give city, county, State, and zip code)</b> P.O. BOX 5251 EUREKA, CA 95502		<b>Organizational Unit</b> ARRL <b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b> MARCELINA CAMPBELL 707-442-3866	
<b>6. Employer Identification Number (EIN) (xx-yyy-yy-yy)</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 10px;">55</div> <div style="border: 1px solid black; padding: 2px 10px;">0788089</div> </div>		<b>7. Type of Applicant (enter appropriate letter in box)</b> <div style="float: right; border: 1px solid black; padding: 2px 5px; margin-top: 10px;">N</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">                 A. State                  B. County                  C. Municipal                  D. Township                  E. Interstate                  F. Inter-municipal                  G. Special District                  H. Independent School Dist.                  I. State Controlled Institution of Higher Learning             </div> <div style="width: 50%;">                 J. Private University                  K. Indian Tribe                  L. Individual                  M. Profit Organization                  N. Nonprofit                  O. Public Housing Agency                  P. Other (Specify)             </div> </div>	
<b>8. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify)		<b>9. Name of Federal Agency</b> USDA RURAL DEVELOPMENT COMMUNITIES FACILITIES	
<b>10. Catalog of Federal Domestic Assistance Number (xx-yyy)</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 10px;">10</div> <div style="border: 1px solid black; padding: 2px 10px;">766</div> </div> <b>Title:</b> COMMUNITIES FACILITIES LOANS AND GRANTS		<b>11. Descriptive Title of Applicant's Project</b> MOBILE EMERGENCY COMMUNICATION VEHICLE <div style="border: 1px solid black; padding: 10px; margin-top: 10px; text-align: center;">                     RECEIVED                      MAY 22 2003                      STATE CLEARING HOUSE                 </div>	
<b>12. Areas Affected by Project (cities, counties, States, etc.)</b>		<b>13. Proposed Project</b> Start Date (mm/dd/yyyy)    Ending Date (mm/dd/yyyy) 03/28/03    03/28/04	
<b>14. Congressional Districts of</b> a. Applicant HUMBOLDT AMATEUR RADIO CLUB		b. Project EMERGENCY COMMUNICATIONS	
<b>15. Estimated Funding</b>		<b>16. Is Application Subject to Review by State Executive Order 12372 Process?</b> a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 03/28/03 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.	
<b>17. Is the Applicant Delinquent on Any Federal Debt?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation <input checked="" type="checkbox"/> No			

**Complete form HUD-424-M, Funding Matrix**

18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

<b>a. Typed Name of Authorized Representative</b> MARCELINA CAMPBELL	<b>b. Title</b> SECRETARY	<b>c. Telephone Number (Include Area Code)</b> 707-442-3866
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed (mm/dd/yyyy)</b> 3/28/03

Previous Edition Usable  
Authorized for Local Reproduction

form SF-424 (7/97)  
Prescribed by OMB Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED		Applicant Identifier	
Application		May 15, 2003			
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
				State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Gateway Cities Council of Governments			Organizational Unit: Not applicable		
Address (give city, county, state, and zip code): 7300 Alondra Blvd., Suite 103 Paramont, CA 90723			Name and telephone number of the person to be contacted on matters involving this app (give area code) Mr. Jack Joseph 562-663-6850		
6. EMPLOYER IDENTIFICATION (EIN): <u>95 - 4666706</u>		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>F</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		RECEIVED MAY 22 2003 STATE CLEARING HOUSE			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.606</u>  TITLE: Special Purpose Grants		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 27 cities in southeast Los Angeles County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Develop and implement a Diesel Emission Reduction Program in the Gateway Cities subregion of Los Angeles, CA.			
13. PROPOSED PROJECT: Diesel Emission Reduction Program		14. CONGRESSIONAL DISTRICT OF: CA 33,34,37,38,39			
Start Date October 1, 2002	End Date October 1, 2005	a. Applicant: CA		b. Project  CA 33.34.37.38	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE OR 12372 PROCESS?			
a. Federal	\$ 447,100.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:  DATE <u>May 15, 2003</u>			
b. Applicant	\$ —	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ —	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ —	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ —				
f. Program Income	\$ —				
g. TOTAL	\$ 447,100.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative: Richard Powers			b. Title: Executive Director		c. Telephone Number 562-663-6850
d. Signature of Authorized Representative					e. Date Signed May 15, 2003

**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission



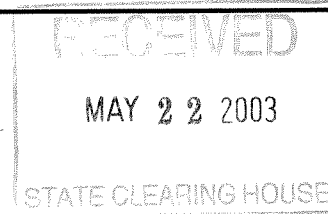
Application



Preapplication

2. Date Submitted 06/13/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Southern California Presbyterian Homes		8. Organizational Unit Corporate Office	
9. Address (give city, county, State, and zip code) A. Address: 516 Burchett Street B. City: Glendale C. County: Los Angeles D. State: California E. Zip Code: 91203		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Sally Little B. Title: Vice President, Affordable Housing C. Phone: (818) 247-0420 D. Fax: (818) 247-3871 E. E-mail: sallylittle@scphs.com	
11. Employer Identification Number (EIN) or SSN 95-1894293		12. Type of Applicant (enter appropriate letter in box) <b>N</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency <b>U.S. Department of Housing and Urban Development</b>	
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Component Title: Mountain Vistas II <b>14 --- 157</b>		16. Descriptive Title of Applicant's Program Construction of a 40-unit affordable housing community for low income seniors in the city of Redding, California to be developed under the Section 202 Supportive Housing for the Elderly Capital Grant Program.	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Redding, Shasta County, California			
18a. Proposed Program start date 6/1/05	18b. Proposed Program end date 12/1/06	19a. Congressional Districts of Applicant 27	19b. Congressional Districts of Program 2
20. Estimated Funding: <b>Applicant must complete the Funding Matrix on Page 2.</b>			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date <u>5/9/03</u> B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



<b>Funding Matrix</b>									
The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.									
Grant Program	HUD Share	Applicant Match	Other HUD Funds	Other Federal Funds	State Share	Local/Tribal Share	Other	Program Income	Total
Section 202	3,681,211	25,000					25,000		3,731,211
<b>Grand Totals</b>	3,681,211	25,000	0.00	0.00	0.00	0.00	25,000	0.00	3,731,211
*For FHIPs, show both initiative and component									
<b>Certifications</b> I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid by or on behalf of the applicant, to any Person for influence or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall completed and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.  Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.  This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.									
23. Signature of Authorized Official						Name (printed) Sally Little			
Title Vice President, Affordable Housing						Date (mm/dd/yyyy) 06/13/2003			

**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒

Application

☐

Preapplication

2. Date Submitted

06/13/2003

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Southern California Presbyterian Homes

8. Organizational Unit

Corporate Office

9. Address (give city, county, State, and zip code)

A. Address: 516 Burchett Street

B. City: Glendale

C. County: Los Angeles

D. State: California

E. Zip Code: 91203

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Sally Little

B. Title: Vice President, Affordable Housing

C. Phone: (818) 247-0420

D. Fax: (818) 247-3871

E. E-mail: sallylittle@scphs.com

11. Employer Identification Number (EIN) or SSN

95-1894293

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New

☐

Continuation

☐

Renewal

☐

Revision

If Revision, enter appropriate letters in box(es)

☐
☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

**U.S. Department of Housing and Urban Development**

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 157

Title:

Component Title: Fresno Affordable Senior Housing

16. Descriptive Title of Applicant's Program

Construction of an 80-unit affordable housing community for low income seniors in the city of Fresno, California to be developed under the Section 202 Supportive Housing for the Elderly Capital Grant Advance.

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Fresno, Fresno County, California

18a. Proposed Program start date

6/1/05

18b. Proposed Program end date

12/1/06

19a. Congressional Districts of Applicant

27

19b. Congressional Districts of Program

19

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

☒

This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 5/9/03

B. No

☐

Program is not covered by E.O. 12372

Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒

No

☐

Yes If "Yes," explain below or attach an explanation.

RECEIVED

MAY 22 2003

STATE CLEARING HOUSE

**Funding Matrix**

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Funds	State Share	Local/Tribal Share	Other	Program Income	Total
Section 202	8,060,905	25,000					25,000		8,110,905
Grand Totals	8,060,905	25,000	0.00	0.00	0.00	0.00	25,000	0.00	8,110,905

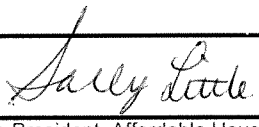
\*For FHIPs, show both initiative and component

**Certifications**


I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid by or on behalf of the applicant, to any Person for influence or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall completed and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 	Name (printed) Sally Little
Title Vice President, Affordable Housing	Date (mm/dd/yyyy) 06/13/2003

APPLICATION FOR  
FEDERAL ASSISTANCE

1. Type of Submission <b>Application</b> <i>Preapplication</i>		2. Date Submitted (mm/dd/yyyy) April 11, 2003	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier	
<div style="text-align: center;"> <div>RECEIVED</div> <div>MAY 22 2003</div> <div>STATE CLEARING HOUSE</div> </div>				
5. APPLICANT INFORMATION			Organizational Unit	
Legal Name Merced County Department of Mental Health			Name and telephone number of the person to be contacted on matters involving this application (give area code) Barbara Heron, Assistant Director (209) 381-6813	
Address (give city, county, state, and zip code) 2926 "G" Street Merced, California 95340				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 5 2 1			7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">B</span>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): Applicant is not requesting funding at this time.			I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) <span style="border: 1px solid black; padding: 2px;">9 4 - 6 0 0 0 5 2 1</span>			9. NAME OF FEDERAL AGENCY: HRSA	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Merced County Department of Mental Initiative to End Chronic Homelessness				
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Joaquin Valley: Merced, Winton, Delhi, Livingston, Los Banos				
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:		
Start Date (mm/dd/yyyy) 09/01/03	Ending Date (mm/dd/yyyy) 09/01/06	a. Applicant 18 <sup>th</sup> Congressional District		b. Project 18 <sup>th</sup> Congressional District
15. ESTIMATED FUNDING:  Complete form HUD-424-M, Funding Matrix		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) April 11, 2003 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
c. Typed Name of Authorized Representative Troy Dean Fox		b. Title Director of Mental Health		c. Telephone number (Include Area Code) (209) 381-6813
d. Signature of Authorized Representative 				e. Date Signed (mm/dd/yyyy) 04/14/03

APPLICATION FOR  
FEDERAL ASSISTANCE1. TYPE OF SUBMISSION:  
Application

- ☐ Construction  
☒ Non-Construction

## Pre-application

- ☐ Construction  
☐ Non-Construction

2. DATE SUBMITTED  
APRIL 11, 2003

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

MAY 22 2003

STATE CLEARING HOUSE

## 5. APPLICANT INFORMATION

Legal Name  
MERCED COUNTY DEPARTMENT OF MENTAL HEALTHOrganizational Unit:  
ADULT SERVICES

Address (give city, county, state, and zip code)

2926 "G" STREET

MERCED, CALIFORNIA 95340

Name and telephone number of the person to be contacted on matters involving this application (give area code)

BARBARA HERION, ASSISTANT DIRECTOR

(209) 381-6802

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 5 2 1

## 8. TYPE OF APPLICATION:

- ☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

- A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other (specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

B

- A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify):

## 9. NAME OF FEDERAL AGENCY:

HEALTH RESOURCES AND SERVICES  
ADMINISTRATION (HRSA)

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

MERCED COUNTY'S INITIATIVE TO END CHRONIC  
HOMELESSNESS.10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER:

- - - - -

TITLE: COLLABORATIVE INITIATIVE TO END  
CHRONIC HOMELESSNESS

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

MERCED COUNTY: WINTON, DELHI, LIVINGSTON, LOS  
LOS BANOS

## 13. PROPOSED PROJECT

Start Date  
09/01/03Ending Date  
09/01/06

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant  
18<sup>TH</sup> CONGRESSIONAL DISTRICT

## b. Project

18<sup>TH</sup> CONGRESSIONAL DISTRICT

## 15. ESTIMATED FUNDING:

a. Federal	\$	0.00
b. Applicant	\$	0.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. TOTAL	\$	0.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE APRIL 11, 2003

- b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

## 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative  
TROY DEAN FOXb. Title  
DIRECTOR OF MENTAL HEALTHc. Telephone number  
(209) 381-6813

d. Signature of Authorized Representative

e. Date Signed

4/14/03

Previous Editions Not Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

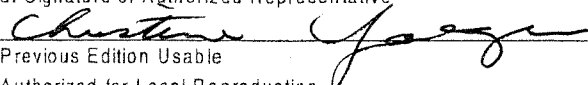
1. Type of Submission: Application Construction <input type="checkbox"/> Nonconstruction <input checked="" type="checkbox"/>		2. Date Submitted		Applicant Identifier	
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State		State Application Identifier	
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal		Federal Identifier	
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Laura Jurkevics (916) 341-5498			
10. Catalog of Federal Domestic Assistance Number 66.460 Title: Nonpoint Source Implementation Grants		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)			
12. Area Affected by Project: (cities, counties, states, etc.) California		9. Name of Federal Agency: U. S. Environmental Protection Agency			
13. Proposed Project: Start Date 7/1/03 End Date 6/30/08		11. Descriptive Title of Applicant's Project: Implement and coordinate activities and projects under the Clean Water Act, Section 319(I) for funding nonpoint source management programs.			
15. ESTIMATED FUNDING: a. Federal \$12,417,100 b. Applicant \$0 c. State \$8,278,066 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$20,695,166		14. Congressional District of: Applicant: 3 Project: California - All			
		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 21, 2003 b. NO: <input type="checkbox"/> Program is not covered by EO # 12372 <input type="checkbox"/> Program has not been selected by the state for review.			
		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Celeste Cantu		b. Title: Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative				e. Date Signed:	



<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>May 16, 2003</b>		Applicant Identifier <b>93003573</b>	
1. TYPE OF SUBMISSION: <div style="display: flex; justify-content: space-between;"> <div> <b>Application</b>  <input type="checkbox"/> Construction   <input type="checkbox"/> Non-Construction         </div> <div> <b>Preapplication</b>  <input checked="" type="checkbox"/> Construction   <input type="checkbox"/> Non-Construction         </div> </div>		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier <b>3-06-0226</b>	
5. APPLICANT INFORMATION					
Legal Name: <b>City of San Jose</b>			Organizational Unit: <b>Norman Y. Mineta San Jose International Airport</b>		
Address (give city, county, state, and zip code) <b>1732 N. First Street, Suite 600 San Jose, CA 95148</b>			Name and telephone number of the person to be contracted on matters involving this application (give area code) <b>Laura Luu - 408-501-7629</b>		
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px 5px;"><b>C</b></span> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div style="width: 50%;"> H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)         </div> </div>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">C</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A Increase Award D Decrease Duration</div> <div>B Decrease Award Other (specify)</div> <div>C Increase Duration</div> </div>			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>MAY 21 2003</b> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;">             STATE CLEARING HOUSE           </div>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">.</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> </div> TITLE: <b>Airport Improvement Program (AIP)</b>					
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>City of San Jose and City of Santa Clara</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Noise attenuation for appoximately 221 dwelling units within the Category 1(B), extended acoustical treatment areas.</b>		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date <b>9/03</b>	Ending Date <b>9/05</b>	a. Applicant <b>15th</b>		b. Project <b>15<sup>th</sup> and 16th</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal	\$ <b>6,000,000</b>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: <b>May 16, 2003</b>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <b>2,840,000</b>				
c. State	\$ .				
d. Local	\$ .				
e. Other	\$ .				
f. Program income	\$ .	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
g. TOTAL	\$ <b>8,840,000</b>				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative <b>Ralph G. Tonseth</b>		b. Title <b>Director of Aviation</b>		c. Telephone number <b>408-501-7670</b>	
d. Signature of Authorized Representative <i>for Frank Kirkbride</i>				e. Date Signed <b>5-16-03</b>	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 3, 2003	Applicant Identifier  State Application Identifier  Federal Identifier														
<b>5. APPLICANT INFORMATION</b>																	
Legal Name: Circuit Rider Productions, Inc. Address (give city, county, State, and zip code): 9619 Old Redwood Hwy. Windsor, CA 95492		Organizational Unit:  Name and telephone number of person to be contacted on matters involving this application (give area code) Katherine Gledhill kgledhill@crpinc.org 707-838-6641 (x.241) 707-838-4503 (Fax)															
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2345807		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <table style="width:100%;"> <tr> <td><input type="checkbox"/> A. State</td> <td><input type="checkbox"/> H. Independent School Dist.</td> </tr> <tr> <td><input type="checkbox"/> B. County</td> <td><input type="checkbox"/> I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> C. Municipal</td> <td><input type="checkbox"/> J. Private University</td> </tr> <tr> <td><input type="checkbox"/> D. Township</td> <td><input type="checkbox"/> K. Indian Tribe</td> </tr> <tr> <td><input type="checkbox"/> E. Interstate</td> <td><input type="checkbox"/> L. Individual</td> </tr> <tr> <td><input type="checkbox"/> F. Intermunicipal</td> <td><input type="checkbox"/> M. Profit Organization</td> </tr> <tr> <td><input type="checkbox"/> G. Special District</td> <td><input type="checkbox"/> N. Other (Specify) <u>Non-Profit</u></td> </tr> </table> 501 (c) 3		<input type="checkbox"/> A. State	<input type="checkbox"/> H. Independent School Dist.	<input type="checkbox"/> B. County	<input type="checkbox"/> I. State Controlled Institution of Higher Learning	<input type="checkbox"/> C. Municipal	<input type="checkbox"/> J. Private University	<input type="checkbox"/> D. Township	<input type="checkbox"/> K. Indian Tribe	<input type="checkbox"/> E. Interstate	<input type="checkbox"/> L. Individual	<input type="checkbox"/> F. Intermunicipal	<input type="checkbox"/> M. Profit Organization	<input type="checkbox"/> G. Special District	<input type="checkbox"/> N. Other (Specify) <u>Non-Profit</u>
<input type="checkbox"/> A. State	<input type="checkbox"/> H. Independent School Dist.																
<input type="checkbox"/> B. County	<input type="checkbox"/> I. State Controlled Institution of Higher Learning																
<input type="checkbox"/> C. Municipal	<input type="checkbox"/> J. Private University																
<input type="checkbox"/> D. Township	<input type="checkbox"/> K. Indian Tribe																
<input type="checkbox"/> E. Interstate	<input type="checkbox"/> L. Individual																
<input type="checkbox"/> F. Intermunicipal	<input type="checkbox"/> M. Profit Organization																
<input type="checkbox"/> G. Special District	<input type="checkbox"/> N. Other (Specify) <u>Non-Profit</u>																
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		<b>9. NAME OF FEDERAL AGENCY:</b> NOAA															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 11-463 TITLE: <u>Habitat Conservation</u>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Riparian Restoration and Science-based Education in the Russian River Watershed															
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Sonoma County, CA																	
<b>13. PROPOSED PROJECT</b> Start Date 8/1/03 Ending Date 7/30/04		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant Congressional Dist. 1 b. Project Congressional District 1 and 6															
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 35,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> </tr> <tr> <td>c. State</td> <td>\$ 36,355</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 71,355</td> </tr> </table>		a. Federal	\$ 35,000	b. Applicant	\$	c. State	\$ 36,355	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 71,355	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>May 16, 2003</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 35,000																
b. Applicant	\$																
c. State	\$ 36,355																
d. Local	\$																
e. Other	\$																
f. Program Income	\$																
g. TOTAL	\$ 71,355																
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
a. Type Name of Authorized Representative Christine Yaeger		b. Title Executive Director															
d. Signature of Authorized Representative 		c. Telephone Number (707) 838-6641 x 213 e. Date Signed 3.3.03															

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> MAY 19, 2003	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier R9-03-278	

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> LAKE COUNTY SANITATION DISTRICT	<b>Organizational Unit:</b>
<b>Address (give city, county, State, and zip code):</b> 230A MAIN STREET LAKEPORT, CA 95453	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> MARK DELLINGER (707) 263-0119

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  

9	4	-	6	0	0	0	8	2	5
---	---	---	---	---	---	---	---	---	---

**7. TYPE OF APPLICANT: (enter appropriate letter in box)**  

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
---	--

**8. TYPE OF APPLICATION:**  
☒ New    ☐ Continuation    ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)    ☐    ☐  
 A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other(specify): \_\_\_\_\_

**9. NAME OF FEDERAL AGENCY:**  
 ENVIRONMENTAL PROTECTION AGENCY

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  

--	--	--	--	--

**TITLE:**

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 FULL CIRCLE EFFLUENT PIPELINE PRELIMINARY DESIGN AND ENVIRONMENTAL REVIEW.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 LAKE COUNTY, CALIFORNIA

<b>13. PROPOSED PROJECT</b> Start Date    Ending Date 03-01-03    03-01-04	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    FIRST b. Project    FIRST
--	--

<b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">1,396,700</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">62,400</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;"></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;"></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">5,250,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;"></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">6,709,100</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	1,396,700	.00	b. Applicant	\$	62,400	.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$	5,250,000	.00	f. Program Income	\$		.00	g. TOTAL	\$	6,709,100	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE    05-16-03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	1,396,700	.00																										
b. Applicant	\$	62,400	.00																										
c. State	\$		.00																										
d. Local	\$		.00																										
e. Other	\$	5,250,000	.00																										
f. Program Income	\$		.00																										
g. TOTAL	\$	6,709,100	.00																										

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes    If "Yes," attach an explanation.    ☒ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Type Name of Authorized Representative MARK DELLINGER	b. Title ADMINISTRATOR	c. Telephone Number (707) 263-0119
d. Signature of Authorized Representative <i>Mark Dellinger</i>		e. Date Signed 05-16-03

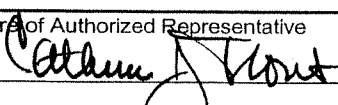
OMB Approval No. 0348-0043

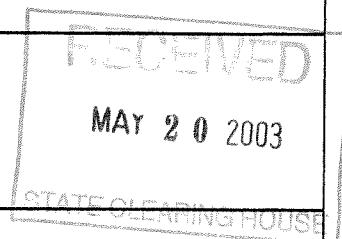
Previous Edition Usable  
Authorized for Local Reproduction

# Application for Federal Assistance

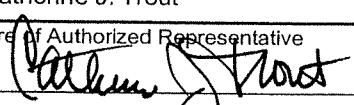
		2. Date Submitted 05/15/02	Applicant Identifier M-02-DC-060534	
1. Type of Submission: Application: Construction Preapplication: Not Applicable		3. Date Received by State	State Application Identifier	
		4. Date Received by Federal Agency	Federal Identifier	
5. Applicant Information				
Legal Name San Diego Urban County		Organizational Unit Dept. of Housing and Community Development		
Address 3989 Ruffin Road San Diego, CA 92123  County of San Diego		Contact Frank Landerville (858) 694-4818		
6. Employer Identification Number (EIN):		Type of Applicant:  Consortium		
8. Type of Application: Type: Continuation		9. Name of Federal Agency:		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.239 Assistance Title: HOME Investment Partnerships Program		11. Descriptive Title of Applicant's Project: HOME Investment Partnerships funding will be used to finance a variety of housing development programs, including, but not limited to, acquisition, rehabilitation, new construction, rental assistance and first-time homebuyer assistance.		
12. Areas Affected by Project: Urban County & Consortium cities: Carlsbad, Encinitas, La Mesa, Santee and Vista, in California.				
13. Proposed Project:		14. Congressional Districts of:		
Start Date 07/01/02	End Date 06/30/03	a. Applicant 49, 50, 51, 52 and 53	b. Project 49, 50, 51, 52 and 53	
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process?  Review Status: Program not covered		
a. Federal \$4,501,947				
b. Applicant \$1,125,486				
c. State \$0				
d. Local \$0		17. Is the Applicant Delinquent on Any Federal Debt?  No		
e. Other \$0				
f. Program Income \$260,000				
g. Total \$ 5,887,433				
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.				
a. Typed Name of Authorized Representative Catherine J. Trout		b. Title HCD Director		c. Telephone Number (858) 694-4885
d. Signature of Authorized Representative <i>Catherine J. Trout</i>		e. Date Signed 5-5-03		

# Application for Federal Assistance

		2. Date Submitted 05/15/02	Applicant Identifier ESG-2002	
1. Type of Submission:  Application: Non - Construction Preapplication: Not Applicable		3. Date Received by State	State Application Identifier	
		4. Date Received by Federal Agency	Federal Identifier	
5. Applicant Information				
Legal Name San Diego Urban County		Organizational Unit Dept. of Housing and Community Development		
Address 3989 Ruffin Road San Diego, CA 92123  County of San Diego		Contact Frank Landerville (858) 694-4818		
6. Employer Identification Number (EIN):		7. Type of Applicant:  Consortium		
8. Type of Application: Type: Continuation				
		9. Name of Federal Agency:		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.231 Assistance Title: Emergency Shelter Grant		11. Descriptive Title of Applicant's Project: Emergency Shelter Grant funding will be used for renovation of structures for emergency shelters, operating expenses of homeless shelters, provision of essential services to the homeless &/or homeless prevention.		
12. Areas Affected by Project: County Unincorporated Area & Cities of Coronado, Del Mar, Imperial Bch, Lemon Grove, Poway, San Marcos, Solana Bch.				
13. Proposed Project:		14. Congressional Districts of:		
Start Date 07/01/02	End Date 06/30/03	a. Applicant 49, 50, 51, 52 and 53	b. Project 49, 50, 51, 52 and 53	
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process?  Review Status: Program not covered		
a. Federal	\$223,000			
b. Applicant	\$223,000			
c. State	\$0			
d. Local	\$0			
e. Other	\$0			
f. Program Income	\$0			
g. Total	\$ 446,000	17. Is the Applicant Delinquent on Any Federal Debt?  No		
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.				
a. Typed Name of Authorized Representative Catherine J. Trout		b. Title HCD Director		c. Telephone Number (858) 694-4885
d. Signature of Authorized Representative 		e. Date Signed 5-5-03		



# Application for Federal Assistance

		2. Date Submitted 05/15/02	Applicant Identifier B-02-UC-060501	
1. Type of Submission: Application: Construction Preapplication: Not Applicable		3. Date Received by State	State Application Identifier	
		4. Date Received by Federal Agency	Federal Identifier	
5. Applicant Information				
Legal Name San Diego Urban County		Organizational Unit Dept. of Housing and Community Development		
Address 3989 Ruffin Road San Diego, CA 92123 County of San Diego		Contact Frank Landerville (858) 694-4818		
6. Employer Identification Number (EIN):		7. Type of Applicant: Consortium		
8. Type of Application: Type: Continuation		9. Name of Federal Agency:		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.218 Assistance Title: Community Development Block Grant		11. Descriptive Title of Applicant's Project: Community Development Block Grant entitlement to be used for housing development, rehabilitation, public improvements, economic development, and planning, to improve the living environment of lower income families.		
12. Areas Affected by Project: County Unincorporated Area & Cities of Coronado, Del Mar, Imperial Bch, Lemon Grove, Poway, San Marcos, Solana Bch.				
13. Proposed Project:		14. Congressional Districts of:		
Start Date 07/01/02	End Date 06/30/03	a. Applicant 49, 50, 51, 52 and 53		b. Project 49, 50, 51, 52 and 53
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process?		
a. Federal \$5,864,000		Review Status: Program covered		
b. Applicant \$0		Date: 05/15/02		
c. State \$0				
d. Local \$0		17. Is the Applicant Delinquent on Any Federal Debt?		
e. Other \$0		No		
f. Program Income \$1,390,000				
g. Total \$ 7,254,000				
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.				
a. Typed Name of Authorized Representative Catherine J. Trout		b. Title HCD Director		c. Telephone Number (858) 694-4885
d. Signature of Authorized Representative 		e. Date Signed 5-5-03		

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  	Applicant Identifier  
<b>3. DATE RECEIVED BY STATE</b>  		State Application Identifier  	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		Federal Identifier  	

**5. APPLICANT INFORMATION**  

Legal Name: Quincy Community Services District	Organizational Unit: Special District
Address (give city, county, State, and zip code): 900 Spanish Creek Road Quincy, CA. 95971	Name and telephone number of person to be contacted on matters involving this application (give area code) Larry Sullivan, General Manager (530)283-0836

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  

68-0178601

**7. TYPE OF APPLICANT: (enter appropriate letter in box)**  

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

**8. TYPE OF APPLICATION:**  
☒ New    ☐ Continuation    ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)      
 A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other(specify): \_\_\_\_\_

**9. NAME OF FEDERAL AGENCY:**  
 USDA Rural Development

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 Emergency Community    

10-763

  
 TITLE: Water Assistance Grants

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Emergency Funding to Replace Contaminated Community Well.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States; etc.):**  
 Town of Quincy, Plumas County, CA

**13. PROPOSED PROJECT**  

Start Date 6/1/03	Ending Date 9/1/03
----------------------	-----------------------

**14. CONGRESSIONAL DISTRICTS OF:**  
 John Doolittle

**15. ESTIMATED FUNDING:**  

a. Federal	\$ 481,950.00
b. Applicant	\$ .00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 481,950.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE \_\_\_\_\_  
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes If "Yes," attach an explanation.    ☐ No

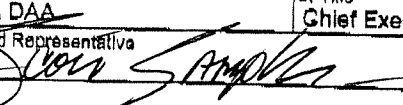
**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**  

a. Type Name of Authorized Representative Larry Sullivan	b. Title General Manager	c. Telephone Number (530)283-0836
d. Signature of Authorized Representative 		e. Date Signed 5/9/03



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: 21-A District Agricultural Association			Organizational Unit: State of California, Dept of Food & Ag		
Address (give city, county, State, and zip code): 1850 West Cleveland Avenue Madera, CA 93637			Name and telephone number of person to be contacted on matters involving this application (give area code): Lisa Drury, California Construction Authority (916) 263-0417 ldrury@calconstruction.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6001555			7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State <input checked="" type="checkbox"/> H. Independent School Dist. B. County <input type="checkbox"/> I. State Controlled Institution of Higher Learning C. Municipal <input type="checkbox"/> J. Private University D. Township <input type="checkbox"/> K. Indian Tribe E. Interstate <input type="checkbox"/> L. Individual F. Intermunicipal <input type="checkbox"/> M. Profit Organization G. Special District <input type="checkbox"/> N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			9. NAME OF FEDERAL AGENCY: USDA		
If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 21-A District Agricultural Association - Madera District Fair Fairground Development Project		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-773 TITLE: Rural Business Opportunity Grant					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Madera, County of Madera, State of California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/3/03	Ending Date 7/4/03	a. Applicant 21-A District Agricultural Association		b. Project Third	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 50,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$ 55,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 160,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Scott Sample, 21-A DAA		b. Title Chief Executive Officer		c. Telephone Number (559) 674-8511	
d. Signature of Authorized Representative 				e. Date Signed 5-19-03	

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

*To: A Clearinghouse*  
 916-323-3018

48-0043

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	At
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	St
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Loma Linda

Address (give city, county, State, and zip code):  
25541 Barton Road  
Loma Linda, CA 92354

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
 [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☒ F

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☒ Revision

If Revision, enter appropriate letter(s) in box(es) ☒ A ☐ [ ]

A. Increase Award B. Decrease Award C. Increase Duration  
 D. Decrease Duration Other (specify):

Combine Phases 1 & 2

9. NAME OF FEDERAL AGENCY:  
U S Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
66-6006

TITLE: Appropriation Act Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
San Timoteo Creek Environmental Restoration Project (see attached map)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
Loma Linda, Redlands, San Bernardino County

13. PROPOSED PROJECT  
Phase 1 & 2

14. CONGRESSIONAL DISTRICTS OF:  
Cong. Jerry Lewis, 40th Congressional District

15. ESTIMATED FUNDING:

a. Federal	\$ 2,475,100	54.9%
b. Applicant	\$ 354,490	
c. State	\$ 0	45%
d. Local	\$ 1,069,000	
e. Other	\$ 601,650	
f. Program Income	\$ 0	
g. TOTAL	\$ 4,500,240	

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE 5/20/03

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative  
Mr. Dennis Halloway

b. Title  
City Manager

c. Telephone Number  
909-799-2830

d. Signature of Authorized Representative  
[Signature]

e. Date Signed  
5/31/03

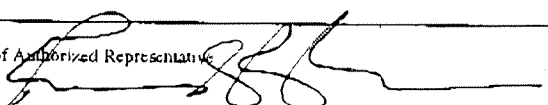
APR 02 2003

GMO, PMD-7

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 10, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: CSUF Foundation		Organizational Unit: University Business Center	
Address (give city, county, State, and zip code): 4910 N. Chestnut Avenue Fresno, CA 93726-1852		Name and telephone number of person to be contacted on matters involving this application (give area code) Amy Chubb 559-278-2352	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6003272		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">1</span>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: USDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <span style="border: 1px solid black; padding: 2px;">10-769</span>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: AcceleratorOnline business plan development course for rural Kings County.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kings County, San Joaquin Valley, Central California		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> <b>RECEIVED</b>  <b>MAR 13 2003</b>  <b>STATE CLEARING HOUSE</b> </div>	
13. PROPOSED PROJECT			
14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant George Radanovich 19th District	
		b. Project Calvin Dooley 20th District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 99,900.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/10/03	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 99,900.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Thomas McClanahan		b. Title VP University Grants & Research	c. Telephone Number (559) 278-0840
d. Signature of Authorized Representative <i>Thomas McClanahan</i>		e. Date Signed 3/10/03	

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 15, 2003		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: Gateway Cities Council of Governments			Organizational Unit: Not applicable		
Address (give city, county, state, and zip code): 7300 Alondra Blvd., Suite 103 Paramount, CA 90723			Name and telephone number of the person to be contacted on matters involving this app (give area code): Mr. Jack Joseph 562-663-6850		
6. EMPLOYER IDENTIFICATION (EIN): 95 - 4666706			7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> F A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.606 TITLE: Special Purpose Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Develop and implement a Diesel Emission Reduction Program in the Gateway Cities subregion of Los Angeles, CA.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 27 cities in southeast Los Angeles County					
13. PROPOSED PROJECT: Diesel Emission Reduction Program		14. CONGRESSIONAL DISTRICT OF: CA 33,34,37,38,39			
Start Date October 1, 2002	End Date October 1, 2005	a. Applicant: CA		b. Project: CA 33,34,37,38	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE OR 12372 PROCESS?			
a. Federal	\$ 447,100.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>May 15, 2003</u>			
b. Applicant	\$ -	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ -	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ -	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ -				
f. Program Income	\$ -				
g. TOTAL	\$ 447,100.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative: Richard Powers		b. Title: Executive Director		c. Telephone Number: 562-663-6850	
d. Signature of Authorized Representative: 				e. Date Signed: May 15, 2003	

<b>2. DATE SUBMITTED</b> MAY 16, 2003	<b>Applicant Identifier</b>
<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b> DE-FG36-03GO13048

<b>1. TYPE OF SUBMISSION</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>Pre-Application</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
--	--

Legal Name: LAKE COUNTY SANITATION DISTRICT	Organizational Unit:
Address (give city, county, state, and zip code):  230A MAIN STREET LAKEPORT, CA 95453	Name and telephone number of the person to be contacted on matters involving application (give area code):  MARK DELLINGER (707) 263-0119

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	--	6	0	0	0	8	2	5
---	---	----	---	---	---	---	---	---	---

STATE CLEARING HOUSE

☒ New    ☐ Continuation    ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

- A. Increase Award      B. Decrease Award      C. Increase Duration  
D. Decrease Duration      Other (*specify*):

□ □ □ □ □

**TITLE:**

## LAKE COUNTY, CALIFORNIA

Start Date	Ending Date
03-01-03	03-01-04

a. Applicant	FIRST	b. Project	FIRST
--------------	-------	------------	-------

<b>a. Federal</b>	1,396,700
<b>b. Applicant</b>	62,400
<b>c. State</b>	
<b>d. Local</b>	
<b>e. Other</b>	5,250,000
<b>f. Program Income</b>	
<b>g. TOTAL</b>	6,709,100


**a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:**

DATE 05-16-03

- b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

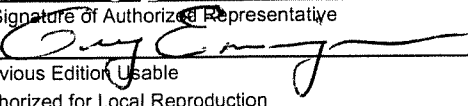
<b>a. Typed Name of Authorized Representative</b> MARK DELLINGER	<b>b. Title</b> ADMINISTRATOR	<b>c. Telephone Number</b> (707) 263-0119
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 05-16-03

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 15, 2003		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>Preapplication</b> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b>					
<b>Legal Name:</b> Rainbow Municipal Water District			<b>Organizational Unit:</b> Resource Planning		
<b>Address (give city, county, State, and zip code):</b> 3707 Old Highway 395 Fallbrook, CA 92028-2500			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Reva Wassana (760)432-6667		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95 - 6005369			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; margin-top: -20px;"><input checked="" type="checkbox"/> G</div>		
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           A. Increase Award            D. Decrease Duration         </div> <div>           B. Decrease Award            Other(specify): _____         </div> <div>           C. Increase Duration         </div> </div>			<b>9. NAME OF FEDERAL AGENCY:</b> USDA, Rural Development Water and Waste Disposal Loan & Grant		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10 - 760 <b>TITLE:</b> Water and Waste Disposal Loan & Grant			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Program Lift Station 2 and Main Line Leak Repair		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Program Fallbrook, Northern San Diego County, Calif.					
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>			
Start Date 6/1/03	Ending Date 6/1/05	a. Applicant District 49		b. Project District 49	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal \$ 1,840,212.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/15/03			
b. Applicant \$ .00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State \$ .00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local \$ .00					
e. Other \$ .00					
f. Program Income \$ 613,404.00					
g. TOTAL \$ 2,453,616.00					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative Greg Easminger		b. Title General Manager		c. Telephone Number (760) 728-1178	
d. Signature of Authorized Representative 		e. Date Signed 5/15/03		Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102	

**RECEIVED**  
 MAY 19 2003  
**STATE CLEARING HOUSE**

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 15, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Human Development Corp.	Organizational Unit: Migrant & Seasonal Farmworker Prog.
Address (give city, county, State and zip code): 3315 Airway Drive Santa Rosa, Sonoma Co., CA 95403	Name and telephone number of the person to be contacted on matters involving this application (give area code): George L. Ortiz, President/CEO (707) 523-1155

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  

94-1653023

7. TYPE OF APPLICANT: (enter appropriate letter in box) N

A. State  
 B. County  
 C. Municipal  
 D. Township  
 E. Interstate  
 F. Intermunicipal  
 G. Special District

H. Independent School Dist.  
 I. State Controlled Institution of Higher Learning  
 J. Private University  
 K. Indian Tribe  
 L. Individual  
 M. Profit Organization  
 N. Other (Specify):

8. TYPE OF APPLICATION:  
☐ New      ☒ Continuation      ☐ Revision  
  
 If Revision, enter appropriate letter(s) in box(es):          
 A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other (specify):

9. NAME OF FEDERAL AGENCY:  
 DOL/Employment & Training Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  

17-247

 TITLE: WIA Title I, Sec. 167

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
 National Farmworker Jobs Program  
 in Northern California

12. AREAS AFFECTED BY PROJECT (cities, counties, States, etc.):  
 31 contiguous counties of Northern California

13. PROPOSED PROJECT:  
  

Start Date	Ending Date
7/1/03	6/30/04

14. CONGRESSIONAL DISTRICTS OF:  
  

a. Applicant	b. Project
CA 1	1, 2, 3, 4, 5, 6, 7, 10, and 11

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 5/16/03  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 3,680,806 .00	
b. Applicant	\$ .00	
c. State	\$ .00	
d. Local	\$ .00	
e. Other	\$ .00	
f. Program Income	\$ .00	
g. TOTAL	\$ 3,680,806 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

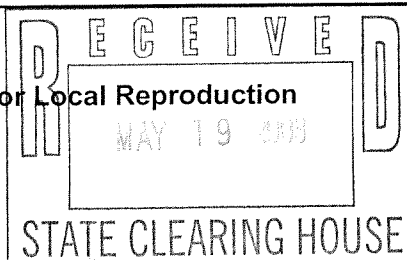
  

a. Typed Name of Authorized Representative George L. Ortiz	b. Title President/CEO	c. Telephone number 707-523-1155
d. Signature of Authorized Representative 		e. Date Signed 5/13/03

Previous Editions Not Usable

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

Authorized for Local Reproduction



APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/15/03	Applicant Identifier
3. DATE RECEIVED BY STATE MAY 16 2003		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: CALIFORNIA CONSERVATION CORPS		Organizational Unit: NORTHERN COASTAL	
Address (give city, county, State, and zip code): 1500 ALAMAR WAY FORTUNA CA 95540		Name and telephone number of person to be contacted on matters involving this application (give area code): MELVIN KREB (707) 725-5106 OR (707) 496-2485	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0298653		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State <input type="checkbox"/> H. Independent School Dist. <input checked="" type="checkbox"/> B. County <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> C. Municipal <input type="checkbox"/> J. Private University <input type="checkbox"/> D. Township <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> E. Interstate <input type="checkbox"/> L. Individual <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> G. Special District <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: DEPT. OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: FINANCIAL ASSISTANCE FOR [ ]-[ ]-463 TITLE: COMMUNITY-BASED RESTORATION PROJECTS		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COASTAL CALIFORNIA SALMONID RESTORATION PROJECT PARTNERSHIP	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CALIFORNIA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: COASTAL CALIFORNIA	
Start Date 8/1/03	Ending Date 7/31/03	a. Applicant ALL OF CALIFORNIA	
15. ESTIMATED FUNDING:		b. Project 1ST, 6TH, 17TH, 23rd, 24th	
a. Federal	\$ 150,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 209,052.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/16/03	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 359,052.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative MELVIN KREB		b. Title DISTRICT DIRECTOR	
c. Telephone Number (707) 725-5106		d. Signature of Authorized Representative [Signature]	
e. Date Signed 05-15-03			



APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		March 3, 2003	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Carpine, Rider Productions, Inc.			
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
9619 Old Redwood Hwy. Windsor, CA 95492		Katherine Gledhill kgledhill@carpine.org 707-838-6641 (x-241) 707-838-4503 (Fax)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
94-2345807		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Profit 501 (c) 3	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		NOAA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
111-463		Riparian Restoration and Science-based Education in the Russian River Watershed	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
Sonoma County, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	
8/1/03	7/30/04	Congressional Dist. 1	
15. ESTIMATED FUNDING:		b. Project	
a. Federal	\$ 35,000	Congressional District 1 and 6	
b. Applicant	\$		
c. State	\$ 36,355		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 71,355		
		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
		DATE May 16, 2003	
		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
Christine Vaeger		Executive Director	(707) 838-6641 x 213
d. Signature of Authorized Representative		e. Date Signed	
		3.3.03	